Mail Ballot Application

ELECTION on November 8, 2016

State of Rhode Island
and Providence Plantations

→ Must be received by your local board of canvassers
not later than 4 p.m. on October 18, 2016

For Official Use Only

Precinct: _____

Date: _____

Accepted by: _____

Box A Voter information

Name of Voter

Home Address (where you are registered to vote)

City/Town | State **RI** | Zip Code

Date of Birth | Phone Number

Box B Address where ballot is to be sent

Name of Institution (if applicable)

Address

Address

City/Town | State | Zip Code

Fax Number (if applicable for Box C, category 3)

Box C Mail ballot reasons

I certify that I am eligible for a mail ballot on the following basis:

( ) 1. I am incapacitated to such an extent that it would be an undue hardship to vote at the polls because of illness, mental or physical disability, blindness or a serious impairment of mobility.
If the ballot is not being mailed to your voter registration address (BOX A) please provide the **Rhode Island address** where you are temporarily residing in BOX B above.

( ) 2. I am confined in a hospital, convalescent home, nursing home, rest home, or similar institution **within the State of Rhode Island.** Provide the name and address of the facility where you are residing in BOX B above.

( ) 3. I am employed or in service intimately connected with military operations or because I am a spouse or dependent of such person, or I am a United States citizen who will be outside the United States.
Complete BOX B above or the ballot will be mailed to the local board of canvassers. Optional: Please clearly print an email address where you can be contacted regarding your ballot status:

_____

( ) 4. I may not be able to vote at my polling place in my city or town on the day of the election.
If the ballot is not being mailed to your voter registration address (BOX A) please provide the **address within the United States** where you are temporarily residing in BOX B above.
If you request that your ballot be sent to your local board of canvassers, please indicate so in BOX B above.

Box D Oath of voter and signature

I declare that all of the information I have provided on this form is true and correct to the best of my knowledge. I further state that I am not a qualified voter of any other city or town or state and have not claimed and do not intend to claim the right to vote in any other city or town or state.

If unable to sign name because of physical incapacity or otherwise, applicant shall make his or her mark "X".

Signature in Full

Power of Attorney signature:
A Power of Attorney signature is not valid in Rhode Island.

View your voter information at **vote.ri.gov**