

Esta solicitud está también disponible en español.

To Complete the Attached Mail Ballot Application:

STEP 1: VOTER INFORMATION

All information must be provided in **BOX A**. Be sure to clearly print or type.

STEP 2: REASON FOR APPLYING FOR MAIL BALLOT

There are 4 categories to choose from in **BOX C**. Check the category that applies to you and provide the address where you want your ballot sent as indicated on the mail ballot application under the category that you have selected.

1. Illness, mental or physical disability, blindness or a serious impairment of mobility, check category #1.
2. Confined in a hospital, convalescent home, nursing home, rest home, or similar institution **within the State of Rhode Island**, check category #2.
3. Employed or in service intimately connected with military operations or because a spouse or dependent of such person, or a United States citizen who will be outside the United States, check category #3.
4. May not be able to vote at my polling place in my city or town on the day of the election, check category #4.

STEP 3: VOTER SIGNATURE

- You must read the oath of voter in **BOX D**.
- You must sign your name in full attesting to the oath. Your signature does NOT need to be witnessed or notarized.

To Return Your Completed Application:

You may separate these instructions from the mail ballot application and you may keep them. Return your completed application to your local board of canvassers. **Addresses and phone numbers for local boards of canvassers are located on the back of these instructions.**

To Cast Your Ballot:

If you require assistance in the casting of your vote, contact your local board of canvassers when you receive your ballot. By law, you are entitled to assistance by a bi-partisan pair of supervisors.

NOTICE TO APPLICANT!!!

IF ANYONE ATTEMPTS TO INTIMIDATE OR UNDULY INFLUENCE YOU, OR INTERFERE WITH YOUR RIGHT TO VOTE, CONTACT YOUR LOCAL BOARD OF CANVASSERS.

This application is a matter of public record - But your vote is confidential.

“Any person knowingly and willfully making a false application or certification or knowingly and willfully aiding and abetting in the making of a false application or certification shall be guilty of a felony and shall be subject to the penalties provided for in section 17-26-1.” [RIGL, 17-20-2(d)]

State of Rhode Island and Providence Plantations

Application of Voter for Ballot for **DEMOCRAT PRIMARY** on September 11, 2012

COMPLETE HIGHLIGHTED SECTIONS - See Attached Instructions

NOTE: This application must be received by the board of canvassers in your city or town not later than **4 p.m. on August 21, 2012.**

For Official Use Only

Precinct: _____
Date: _____
Accepted by: _____

BOX A: (PRINT OR TYPE)

Name of Voter

Voting Address

City/Town _____ RI _____ Zip Code _____

Date of Birth _____ Phone Number _____

BOX B: (PRINT OR TYPE)

Name of Institution (if applicable)

Address

Address

City/Town _____ State _____ Zip Code _____

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

BOX C:

I certify that I am eligible for a mail ballot on the following basis: **(CHECK ONE ONLY)**

- () 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 above) 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 and 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 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 above) 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:

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

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