

# Emergency Mail Ballot Application General Election - November 8, 2022



State of Rhode Island  
RI Department of State

To receive an emergency mail ballot, you must complete and return this application to your local board of canvassers by:  
November 7, 2022 no later than 4:00 p.m.

Your optional email address or phone number allows elections officials to contact you if there is an issue with your mail ballot. Information in your voter record is public except month and day of birth.

For blind, visually impaired, or voters with disabilities, select this box to receive an accessible ballot.  
**Please provide an email address in Box A.**

*Voters who need a Braille/Tactile or Large Print ballot must also submit a Braille/Tactile/Large Print Mail Ballot Application with this mail ballot application.*

## Your information

## Address where your mail ballot is to be sent

Same as home address

Voter's Full Name

Name of Institution (if applicable)

Home Address (where you are registered to vote)

Address

RI

City/Town

State

Zip Code

Address

Date of Birth (mm/dd/yyyy)

Telephone Number

City/Town

State

Zip Code

Email Address

Fax Number: applicable for service members and overseas citizens in Box C3

## Mail ballot categories (Choose one:)

*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. Send my mail ballot to the address listed above. If the ballot is to be given by the local board of canvassers, I hereby authorize \_\_\_\_\_ to pick up my ballot.
2. I am confined in a hospital, convalescent home, nursing home, rest home, or similar institution within the State of Rhode Island. I want my mail ballot brought to the facility listed above before Election Day by a bipartisan pair of election officials from the State Board of Elections.
3. I am employed, in service intimately connected with military operations, a spouse or dependent of such person, or I am a United States citizen who will be outside the United States. If there is no mailing address in Box B, my mail ballot will be mailed to my local board of canvassers. An email address to contact me is provided in Box A.
4. I choose to vote by mail. Send my mail ballot to the address listed above. If you want your mail ballot sent to your local board of canvassers, please indicate the address in Box B. If the ballot is to be given by the local board of canvassers, I hereby authorize \_\_\_\_\_ to pick up my ballot.

## Voter's oath 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 am a qualified registered voter and the requester of a mail ballot.
- » I further state that I am not a qualified voter of any other city/town or state and have not claimed and do not intend to claim the right to vote in any other city/town or state.
- » If unable to sign name because of physical incapacity or otherwise, applicant shall make his/her/their mark "X".

## Important Information:

- » **Invalid Signature:** Your mail ballot may be disqualified if you submit an electronic or stamped signature, or someone other than you signs this application.
- » Visit [vote.ri.gov](http://vote.ri.gov) to view your voter record or track your mail ballot.

**Voter, sign your full name below:**

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

X \_\_\_\_\_

**For Official Use Only:**

Date Received: \_\_\_\_\_ Accepted by: \_\_\_\_\_ Precinct: \_\_\_\_\_