

1 ADDRESS

2 CITY/TOWN STATE _____ ZIP CODE _____

3 BOX C (PRINT OR TYPE)

4 I CERTIFY THAT I AM ELIGIBLE FOR A MAIL BALLOT ON THE FOLLOWING BASIS:

5 (CHECK ONE ONLY)

6 () 1. I am incapacitated to such an extent that it would be an undue hardship to vote at the polls
7 because of illness, mental or physical disability, blindness or a serious impairment of mobility. If
8 not voting ballot at local board, ballot will be mailed to the address in BOX A above or to the
9 Rhode Island address provided in BOX B above. If the ballot is to be delivered by the local board
10 of canvassers to a person presenting written authorization to pick up the ballot, complete BOX A
11 above and fill in the person's name below.

12 I hereby authorize _____ to pick up my ballot at my
13 local board of canvassers.

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

17 () 3. I am employed or in service intimately connected with military operations or because I am
18 a spouse or dependent of such person, or I am a United States citizen who will be outside the
19 United States. If not voting ballot at local board, provide address in BOX B above.

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

25 I hereby authorize _____ to pick up my ballot at my
26 local board of canvassers.

27 ~~Under the pains and penalty of perjury, I certify that on account of the following circumstances~~
28 ~~manifested twenty (20) days or less prior to the election for which I make this application. I will~~
29 ~~be unable to vote at the polls.~~

30 BOX D OATH OF VOTER

31 I declare that all of the information I have provided on this form is true and correct to the best of
32 my knowledge. I further state that I am not a qualified voter of any other city or town or state and
33 have not claimed and do not intend to claim the right to vote in any other city or town or state. If
34 unable to sign name because of physical incapacity or otherwise, applicant shall make his or her

1 mark "X".

2 SIGNATURE IN FULL _____

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

4 SECTION 2. This act shall take effect upon passage.

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LC01184/SUB A
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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
A N A C T
RELATING TO ELECTIONS -- MAIL BALLOTS

1 This act would eliminate the requirement that a voter certify that the reason he or she has
2 applied for an emergency mail ballot manifested itself twenty (20) days or less prior to the
3 election.

4 This act takes effect upon passage.

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LC01184/SUB A
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