

Permanent Mail Ballot Application



State of Rhode Island
RI Department of State

This form **MUST** be notarized and submitted to your local board of canvassers. See back for list of Local Board of Canvassers. *

Voter Information:

I, _____, certify that I am a qualified voter of the City/Town of _____, and am indefinitely confined because of physical illness or infirmity or because I am disabled for an indefinite period. I request that a mail ballot application be sent to me automatically for every election hereafter to be conducted in said city/town.

Do you want to receive a mail ballot application for primaries? Yes No

Please send me an application for _____ party primaries.
(name of party)

My mail ballot application should to be mailed to:

Name of Institution (if applicable) Phone #

Street Address (include Apt #) City/Town State Zip Code

Signature:

Signature of Voter Date

Notary Public

State of _____ County of _____

Subscribed and sworn to before me on this _____ day of _____, 20 _____.

Signature of Notary Public _____

Printed Name of Notary Public _____

Notary Public ID Number _____

Date Commission Expires _____

NOTARY STAMP

Notice to voter

This certification entitles you to automatically receive a mail ballot application for every election held in your city or town.

The application will not be forwarded to any address other than the one stated above in your certification.

It is your duty to notify your local board of canvassers that you are no longer indefinitely confined.

* See Back →