



PATIENTVOTING.com

RHODE ISLAND

**Did you know you can vote even if you
are hospitalized?**

Visit **PatientVoting.com/rhode-island** or
follow the easy step-by-step instructions

1. Check if you are registered to vote at vote.org or at <https://vote.sos.ri.gov/>
2. Print and fill out an emergency absentee ballot that is attached (or can be found at https://vote.sos.ri.gov/assets/pdfs/emergency_mail_ballot_general.pdf)
3. Fill out the application. Pay special attention to:
 - Box A
 - Box B: make sure you include your building and room number
 - Box C has been completed for you
 - Box D: Read and sign in box D
4. A designated family member or friend must drop off the application at your local Board of Canvassers (for your home address that you are registered to vote at) BEFORE 4pm on November 5th. They will need their ID card. A list of The Board of Canvassers offices is attached.
5. The Rhode Island Board of Elections will process your application and will send a bipartisan worker to the hospital to help you vote.

For More Information

For more information visit
PatientVoting.com
or
email patientvoting@gmail.com

RI Board of Elections

Website:
<http://www.elections.state.ri.us/voting/emergency.php>
EMAIL: boe.elections@elections.ri.gov
PHONE: (401) 222-2345

Emergency Mail Ballot Application Instructions

Esta solicitud también está disponible en español.

1. Box A - Voter information

All information **must** be provided in this section. Be sure to clearly print or type.

2. Box B - Address where ballot is to be sent

If receiving your ballot at an address other than the one listed in Box A this section must be completed.

3. Box C - Mail ballot reasons

There are 4 categories to choose from in this section. Check the category that applies to you. If the address you are having your ballot mailed to is different than the address in Box A, you must provide that address in Box B.

4. Box D - Oath of voter and signature

You must read the oath of voter in this section. You must then sign your name in full attesting to the oath. Your signature does not need to be witnessed or notarized.

5. Return your completed application

Return your completed application to “Board of Canvassers” in your city/town. Addresses listed below.

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. 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, 17-20-8(D)].

Your application is a matter of public record, but your vote is confidential.

Local Boards of Canvassers Contact Information

Barrington Town Hall
283 County Rd. 02806
247-1900 x4

Bristol Town Hall
10 Court St. 02809
253-7000

Burrillville Town Hall
105 Harrisville Main St.
Harrisville 02830
568-4300

Central Falls City Hall
580 Broad St. 02863
727-7450

Charlestown Town Hall
4540 South County Trl. 02813
364-1200

Coventry Town Hall
1670 Flat River Rd. 02816
822-9150

Cranston City Hall
869 Park Ave. 02910
780-3126

Cumberland Town Hall
45 Broad St. 02864
728-2400

East Greenwich Town Hall
125 Main St.,
P.O. Box 111 02818
886-8603

East Providence City Hall
145 Taunton Ave. 02914
435-7502

Exeter Town Hall
675 Ten Rod Rd. 02822
294-2287

Foster Town Hall
181 Howard Hill Rd. 02825
392-9201

Glocester Town Hall
1145 Putnam Pike
P.O. Box B, Chepachet 02814
568-6206 x0

Hopkinton Town Hall
1 Town House Rd. 02833
377-7777

Jamestown Town Hall
93 Narragansett Ave. 02835
423-9804

Johnston Town Hall
1385 Hartford Ave. 02919
553-8856

Lincoln Town Hall
100 Old River Rd.
P.O. Box 100 02865
333-1140

Little Compton Town Hall
40 Commons
P.O. Box 226 02837
635-4400

Middletown Town Hall
350 East Main Rd. 02842
849-5540

Narragansett Town Hall
25 Fifth Ave. 02882
782-0625

Newport City Hall
43 Broadway 02840
845-5386

New Shoreham Town Hall
16 Old Town Rd.
P.O. Box 220 02807
466-3200

North Kingstown Town Hall
100 Fairway Drive 02852
294-3331 x128

North Providence Town Hall
2000 Smith St. 02911
232-0900 x234

**North Smithfield
Municipal Annex**
575 Smithfield Rd. 02896
767-2200

Pawtucket City Hall
137 Roosevelt Ave. 02860
722-1637

Portsmouth Town Hall
2200 East Main Rd. 02871
683-3157

Providence City Hall
25 Dorrance St.
Room 102 02903
421-0495

Richmond Town Hall
5 Richmond Townhouse Rd.
Wyoming 02898
539-9000 x9

Scituate Town Hall
195 Danielson Pike
P.O. Box 328,
North Scituate 02857
647-7466

Smithfield Town Hall
64 Farnum Pike, 02917
233-1000 x116

South Kingstown Town Hall
180 High St.
Wakefield 02879
789-9331 x1231

Tiverton Town Hall
343 Highland Rd. 02878
625-6703

Warren Town Hall
514 Main St. 02885
245-7340

Warwick City Hall
3275 Post Rd. 02886
738-2010

West Greenwich Town Hall
280 Victory Hwy. 02817
392-3800

West Warwick Town Hall
1170 Main St. 02893
822-9201

Westerly Town Hall
45 Broad St. 02891
348-2503

Woonsocket City Hall
169 Main St.
P.O. Box B 02895
767-9221

**Department of State,
Elections Division**
148 W. River St., Providence 02904
711 (TDD) 222-2340

State Board of Elections
50 Branch Ave., Providence 02904
711 (TDD) 222-2345

Emergency Mail Ballot Application

ELECTION on November 6, 2018



State of Rhode Island
and Providence Plantations

→ Must be received by your local board of canvassers
not later than 4 p.m. on November 5, 2018

For Official Use Only

Precinct: _____

Date: _____

Accepted by: _____

Box A Voter information

Name of Voter

Home Address (where you are registered to vote)

RI

City/Town

State

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 not voting ballot at local board, ballot will be mailed to the address in BOX A or to the **Rhode Island address** provided in BOX B above.

If the ballot is to be given by the local board of canvassers to a person presenting written authorization to pick up the ballot, complete BOX A and fill in the person's name below.

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

- () 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.

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

Box D Oath of voter and signature

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

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**