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LC004580  
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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2026

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A N A C T

RELATING TO ELECTIONS -- MAIL BALLOTS

Introduced By: Representatives Shanley, Dawson, Kennedy, J. Brien, Kazarian,  
Casimiro, and Solomon  
Date Introduced: February 04, 2026

Referred To: House State Government & Elections  
(Board of Elections)

It is enacted by the General Assembly as follows:

1           SECTION 1. Sections 17-20-13, 17-20-13.1 and 17-20-26 of the General Laws in Chapter  
2   17-20 entitled "Mail Ballots" are hereby amended to read as follows:

3           **17-20-13. Form of application.**

4           The application to be subscribed by the voters before receiving a mail ballot shall, in  
5   addition to those directions that may be printed, stamped, or written on it by authority of the  
6   secretary of state, be in substantially the following form:

7   STATE OF RHODE ISLAND APPLICATION OF VOTER FOR BALLOT FOR ELECTION  
8   ON\_\_\_\_\_

9   (COMPLETE HIGHLIGHTED SECTIONS)

10

11

12   **NOTE — THIS APPLICATION MUST BE RECEIVED BY THE BOARD OF**  
13   **CANVASSERS OF YOUR CITY OR TOWN NOT LATER THAN 4:00 P.M. ON**

14

15

16   BOX A (PRINT OR TYPE)

17

18   NAME\_\_\_\_\_

19

1 VOTING ADDRESS \_\_\_\_\_  
2  
3 CITY/TOWN \_\_\_\_\_ STATE [RI](#) ZIP  
4 CODE \_\_\_\_\_  
5  
6 DATE OF BIRTH \_\_\_\_\_ PHONE  
7 # \_\_\_\_\_  
8 [RHODE ISLAND DRIVER'S LICENSE/STATE IDENTIFICATION NUMBER OR THE LAST](#)  
9 [FOUR \(4\) DIGITS OF YOUR SOCIAL SECURITY](#)  
10 [NUMBER](#) \_\_\_\_\_  
11  
12  
13 BOX B (PRINT OR TYPE)  
14  
15 NAME OF INSTITUTION (IF  
16 APPLICABLE) \_\_\_\_\_  
17  
18 ADDRESS \_\_\_\_\_  
19  
20 ADDRESS \_\_\_\_\_  
21  
22 CITY/TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP  
23 CODE \_\_\_\_\_  
24  
25 FACSIMILE NUMBER (if applicable) \_\_\_\_\_  
26  
27 I CERTIFY THAT I AM ELIGIBLE FOR A MAIL BALLOT ON THE FOLLOWING BASIS:  
28 **(CHECK ONE ONLY)**  
29       ( ) 1. I am incapacitated to such an extent that it would be an undue hardship to vote at  
30 the polls because of illness, mental or physical disability, blindness, or a serious impairment of  
31 mobility. If the ballot is not being mailed to your voter registration address (BOX A above)  
32 please provide the Rhode Island address where you are temporarily residing in BOX B above.  
33  
34       ( ) 2. I am confined in a hospital, convalescent home, nursing home, rest home, or similar

1 institution within the State of Rhode Island. Provide the name and address of the facility where  
2 you are residing in BOX B above

3

4 ( ) 3. I am employed or in service intimately connected with military operations or  
5 because I am a spouse or dependent of such person, or I am a United States citizen and will be  
6 outside the United States. Complete BOX B above or the ballot will be mailed to the local board  
7 of canvassers.

8

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

14

15 **BOX D OATH OF VOTER**

16 I declare under the pains and penalty of perjury that all of the information I have provided  
17 on this form is true and correct to the best of my knowledge. I further state that I am not a  
18 qualified voter of any other city or town or state and have not claimed and do not intend to claim  
19 the right to vote in any other city or town or state. If unable to sign name because of blindness,  
20 disability, or inability to read or write, the applicant shall mark the box to indicate the voter  
21 cannot sign due to blindness, disability, or inability to read or write, and include the full name,  
22 residence address, signature, and optionally the telephone number and e-mail address of the  
23 person who provided assistance to the voter.

24 SIGNATURE IN FULL\_\_\_\_\_

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

26 **17-20-13.1. Form of emergency mail ballot application.**

27 The emergency mail ballot application to be subscribed by the voters before receiving a  
28 mail ballot shall, in addition to any directions that may be printed, stamped, or written on the  
29 application by authority of the secretary of state, be in substantially the following form:

30 STATE OF RHODE ISLAND

31 EMERGENCY APPLICATION OF VOTER FOR BALLOT FOR ELECTION

32 ON\_\_\_\_\_

33 (COMPLETE HIGHLIGHTED SECTIONS)

34 **NOTE — THIS APPLICATION MUST BE RECEIVED BY THE BOARD OF**

1     **CANVASSERS OF YOUR CITY OR TOWN NOT LATER THAN 4:00 P.M. ON**  
2     \_\_\_\_\_

3     BOX A (PRINT OR TYPE)

4     NAME\_\_\_\_\_

5     VOTING ADDRESS\_\_\_\_\_

6     CITY/TOWN\_\_\_\_\_ STATE [RI](#)

7     ZIP CODE\_\_\_\_\_

8     DATE OF BIRTH\_\_\_\_\_

9     [RHODE ISLAND DRIVER'S LICENSE/STATE IDENTIFICATION NUMBER OR THE LAST](#)  
10    [FOUR \(4\) DIGITS OF YOUR SOCIAL SECURITY](#)  
11    [NUMBER](#)\_\_\_\_\_

12    PHONE#\_\_\_\_\_

13    BOX B (PRINT OR TYPE)

14    NAME OF INSTITUTION (IF APPLICABLE) \_\_\_\_\_

15    ADDRESS\_\_\_\_\_

16    ADDRESS\_\_\_\_\_

17    CITY/TOWN\_\_\_\_\_ STATE\_\_\_\_\_

18    ZIP CODE\_\_\_\_\_

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

20    **(CHECK ONE ONLY)**

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

27    I hereby authorize  
28    \_\_\_\_\_ to pick  
29    up my ballot at my local board of canvassers.

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

33           ( ) 3. I am employed or in service intimately connected with military operations or because  
34    I am a spouse or dependent of such person, or I am a United States citizen who will be outside the

1 United States. If not voting ballot at local board, provide address in BOX B above.

2 ( ) 4. I choose to vote by mail. If the ballot is not being mailed to your voter registration  
3 address (BOX A above) please provide the address within the United States where you are  
4 temporarily residing in BOX B above. If you request that your ballot be sent to your local board of  
5 canvassers please indicate so in BOX B above.

6 I hereby authorize

7 \_\_\_\_\_ to pick up  
8 my ballot at my local board of canvassers.

9 **BOX D OATH OF VOTER**

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

15 SIGNATURE IN FULL \_\_\_\_\_

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

17 **17-20-26. Opening and counting of ballots.**

18 (a)(1) Beginning prior to and continuing on election day the state board, upon receipt of  
19 mail ballots, shall keep the ballots in a safe and secure place that shall be separate and apart from  
20 the general public area and sufficiently monitored through security measures including security  
21 cameras. The board shall, beginning twenty (20) days prior to and continuing on election day,  
22 proceed to certify the mail ballots.

23 (2) Notice of these sessions shall be given to the public on the state board of elections'  
24 website and the secretary of state's website posted at least twenty-four (24) hours before the  
25 commencing of any session. All candidates for state and federal office, as well as all state party  
26 chairpersons, shall be given notice by telephone, email or otherwise of the day on which ballots  
27 will be certified; provided, that failure to effect the notice shall in no way invalidate the ballots.

28 (b) This processing shall be done within a ~~railed space in the room in which it takes place~~  
29 secure area, and the board shall ~~admit within the railed space,~~ provide an area for public observation  
30 of the process in accordance with those rules that the board shall adopt, to witness the processing  
31 and certification of the ballots, the interested voter or the voter's representative, the candidates, or  
32 at least one representative of each candidate for whom votes are at the time being processed, and  
33 an equal number of representatives of each political party. These representatives shall be authorized  
34 in writing by the voter, the candidate, or the chairperson of the state committee of the political

1 party, respectively, as the case may be. The board shall also, in accordance with these rules, admit  
2 representatives of the press and newscasting agencies and any other persons that it deems proper.

3 (c) At these sessions, and before certifying any ballot, the state board shall:

4 (1) Determine the city or town in which the voter cast his or her ballot; and

5 (2) Compare the name, residence, and signature of the voter as it appears on the  
6 certification envelope, with the name, residence, and signature on the central voter registration  
7 system for mail ballots and satisfy itself that both signatures are identical. The board shall designate  
8 two (2) persons, to review and compare each voter's signature with the voter's signature found in  
9 the central voter registration system. If both designees agree that the signatures match, the mail  
10 ballot shall proceed to be processed, certified, and tabulated. In the event that one or both designees  
11 find a discrepancy with the voter's signature, the certification envelope shall then be reviewed by  
12 a pair of supervising board staff members. If the pair of supervising board staff members find that  
13 the signatures match, then the mail ballot shall proceed to be processed, certified, and tabulated. In  
14 the event that one or both supervising board staff members find a discrepancy in the voter's  
15 signature, the supervising board staff shall compare the signature on the certification envelope to  
16 the signature on the voter's ballot application, and may also consider other identifiers, including  
17 the voter's Rhode Island driver license number/state identification number, or the last four (4) digits  
18 of the voter's Social Security number, as provided by the voter on the mail ballot application. If the  
19 pair of supervising board staff members find that ~~those signatures match~~ the voter's signature is  
20 valid, then the mail ballot shall proceed to be processed, certified, and tabulated. In the event that  
21 one or both supervising board staff members continue to find a discrepancy ~~in~~ with the voter's  
22 signature, ~~the supervising board staff shall compare the signature on the certification envelope to~~  
23 ~~the voter's ballot application. If the pair of supervising board staff members find that the signatures~~  
24 ~~match, then the mail ballot shall proceed to be processed, certified, and tabulated. In the event that~~  
25 ~~one or both supervising board staff members find a discrepancy in the voter's signature,~~ the  
26 certification envelope shall be segregated, and the board will notify the voter of the discrepancy, in  
27 accordance with regulations and procedures promulgated by the board. Any segregated certification  
28 envelope that has not been cured or fully addressed by the voter, in accordance with the board's  
29 promulgated regulations and procedures, shall be reviewed by the board to make a final  
30 determination on the ~~signature set forth on the~~ validity of the mail ballot application and  
31 certification envelope.

32 (d) [Deleted by P.L. 2015, ch. 259, § 1.]

33 (e) The board shall promulgate regulations that allow for challenges to the certification  
34 process by the interested voter, the voter's representative, the candidates, and representatives of the

1 recognized political parties. Such challenges shall be made to the executive director of the board,  
2 or the executive director's designee. The decision of the executive director or designee shall be  
3 subject to review by the board.

4 (f) After processing and certification of the mail ballots, they shall be separated in packages  
5 in accordance with their respective cities and towns, in the presence of all interested parties.  
6 Thereupon, in each instance the board staff shall open the enclosing envelope, and without looking  
7 at the votes cast on the enclosed ballot, shall remove the ballot from the envelope. The board staff  
8 shall proceed to tabulate the ballots through the use of a central count optical-scan unit with the  
9 same effect as if the ballots had been cast by the electors in open town or district meetings.

10 (g) When a local election is held at a time other than in conjunction with a statewide  
11 election, the state board, after the processing and certification of the mail ballots cast in the local  
12 election, shall have the authority to count the ballots in the same manner and with the same effect  
13 as state mail ballots are counted by the state board in a statewide election. Once the ballots are  
14 counted, the results shall be transmitted to the local board.

15 (h) When a local election is held in New Shoreham at a time other than in conjunction with  
16 a statewide election, the state board, after the processing and certification of the mail ballots cast  
17 in the local election, shall have the authority to count the ballots in the same manner and with the  
18 same effect as state mail ballots are counted by the state board in a statewide election. Once the  
19 ballots are counted, the results shall be sent via facsimile to the local board in New Shoreham.

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

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

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1           This act would require the board of elections to establish a secure area for the public  
2   observation of mail ballot processing and require the mail ballot voter's signature be compared to  
3   the signature on file within the state central voter registration system and would require as part of  
4   an application for a mail ballot or emergency mail ballot a Rhode Island driver license, state ID  
5   number or the last four (4) digits of your social security number.

6           This act would take effect upon passage.

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