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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2026

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

- 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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