ABSENTEE BALLOT APPLICATION

NOTE: A separate absentee ballot application must be submitted to your county board of elections for each primary or election.

ALL VOTERS FILL OUT HERE

(PRINT FULL NAME)

(HOME ADDRESS - include city, town or borough)

(ZIP CODE) (COUNTY) (ELECTION DISTRICT – if known)

(OCCUPATION) (DATE OF BIRTH)

I have lived at this address since_____

State or Federal Government employees check here ( ).

EMAIL ADDRESS (Optional)

Place PA Driver's License (DL) or PennDOT ID # Here if you have one: ☐☐☐☐☐☐☐☐ **If no PA DL or PennDOT ID # Place SS# (last 4 digits) here:** ☐☐☐☐

☐ **I DO NOT have a PA DL #, PennDOT ID # or SS#. (A copy of an acceptable ID must be provided with this application. Please see www.VotesPA.com or call your county board of elections regarding acceptable IDs).**

MAIL BALLOT TO ME AT THE FOLLOWING ADDRESS:

(STREET ADDRESS)

(CITY, TOWN, or BOROUGH) (STATE) (ZIP CODE)

DUTIES, OCCUPATION, BUSINESS COMPLETE HERE

I HEREBY APPLY FOR AN ABSENTEE BALLOT FOR THE FOLLOWING REASON:

☐ ABSENCE FROM THE MUNICIPALITY
COMPLETE SECTION A

☐ ILLNESS OR PHYSICAL DISABILITY
COMPLETE SECTION B

SECTION A – ABSENCE FROM THE MUNICIPALITY

I declare that I am eligible to vote absentee at the forthcoming primary or election since I expect that my duties, occupation or business will require me to be absent from the municipality of my residence on the day of the primary or election for the reason stated below; and that all of the information which I have listed on this absentee ballot application is true and correct.

(INSERT REASON FOR ABSENCE HERE)

(SIGNATURE OF ELECTOR) (DATE)

ILLNESS OR PHYSICAL DISABILITY COMPLETE HERE

SECTION B – ILLNESS OR PHYSICAL DISABILITY

I declare that I am eligible to vote absentee at the forthcoming primary or election due to the illness or physical disability stated below; that the information required to be listed pertaining to my attending physician is correctly stated herein and that all other information that I have listed on this absentee ballot application is true and correct.

(INSERT ILLNESS OR PHYSICAL DISABILITY HERE)

(NAME OF PHYSICIAN) (PHONE NO.)

(OFFICE ADDRESS)

(SIGNATURE OF ELECTOR) (DATE)

IF UNABLE TO SIGN COMPLETE SECTION C

SECTION C

The following to be completed if applicant is unable to sign because of illness or physical disability. I hereby state that I am unable to sign my application for an absentee ballot without assistance because I am unable to write by reason of my illness or physical disability. I have made, or have received assistance in making my mark in lieu of my signature.

(DATE) (MARK)

(COMPLETE ADDRESS OF WITNESS) (SIGNATURE OF WITNESS)

NOTE: Electors requiring assistance in voting must procure Special Form from the county Board of Elections to transmit with this application.

WARNING – IF YOU ARE ABLE TO VOTE IN PERSON ON ELECTION DAY, YOU MUST GO TO YOUR POLLING PLACE, VOID YOUR ABSENTEE BALLOT AND VOTE THERE.