

# A Pennsylvania Application for Absentee Ballot

Use black ink

## Print your name

Please print your name exactly as registered.

1

Last name

Jr Sr II III IV (circle if applicable)

First name

Middle name or initial

## About you

Phone and email are optional and used if information is missing on this form.

2

Birth date

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Occupation

Phone

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Email

## Your address

Please print your address exactly as registered.

3

Address (not P.O. Box)

Apt. number

City/Town

State PA

Zip Code

Municipality

County

Ward (if known)

Voting district (if known)

I have lived at this address since:

Are you a State or Federal Government employee?  Yes  No

## Where to mail ballot?

4

Same as above Address or P.O. Box

City/Town

State

Zip code

## Identification

If you have a PennDOT number, you must use it. If not, please provide the last four digits of your Social Security number. See "Necessary Identification" on Page 3.

5

PA driver's license or PennDOT ID card number

Last four digits of your Social Security number X X X - X X -

I do not have a PA driver's license or a PennDOT ID card or a Social Security number.

## Reason

Select a reason for applying for an absentee ballot.

6

I hereby apply for an absentee ballot for the following reason:

I will be absent from my municipality (Complete section A)

I have an illness or physical disability (Complete section B)

## Section A - Absence from municipality

A

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.

Reason for absence

Date

VOTER SIGNATURE HERE X

## Section B - Illness/Physical disability

B1

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 which I have listed on this absentee ballot application is true and correct.

Nature of illness or physical disability

Date

Physician name

Physician phone

Physician office address

VOTER SIGNATURE HERE X

## Help with this form

Complete this section if you are unable to sign in Section B1 because of illness or physical disability. See "Assistance in voting" on Page 3 for more information.

B2

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.

Mark of voter X

Date

Address of witness

Signature of witness X

**WARNING:** If you receive an absentee ballot and return your voted ballot by the deadline, you may not vote at your polling place on election day. If you are unable to return your voted absentee ballot by the deadline, you may vote a provisional ballot at your polling place on election day.

## Section C (Optional): Annual Absentee Ballot Request Because of Permanent Illness or Permanent Disability and Physician's Certification

(to be completed with your Physician below)

- If you are a voter with a permanent illness or a permanent disability, you may request to be placed on an annual absentee ballot list. See "What is an annual absentee ballot request?" on Page 3.
- You need only file a physician's certificate of permanent illness or permanent disability once. Once your disability status has been certified by your physician, your physician will not need to recertify your disability status, and you will be placed on the annual absentee voter list.
- If you are approved as an annual absentee voter, you will receive an application to renew your request for absentee ballots each year.
- If you lose your disability status, you must inform your county board of elections.

### Annual absentee request

See "What is an annual absentee ballot request?" for more information.

C1

If you would like to receive absentee ballots for the remainder of this year and if you would like to automatically receive an annual application to automatically receive absentee ballots each year, please indicate below.

I would like to receive absentee ballots this year and receive annual applications for absentee ballots each year.

(Please have your physician sign the certification in Section C2.)

### Certificate of permanent illness or permanent physical disability

Have your physician sign this certification if you indicated you would like to be an annual absentee voter in section C1.

C2

I hereby certify that the above named voter is permanently disabled, and either physically unable to attend the polls or physically unable both to operate a voting machine (or mark the ballot) and to orally request assistance to do so.

Signature of physician X

Print physician name

Date

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