

Pennsylvania Application for Emergency Absentee Ballot



Use black ink

Print your name

Please print your name exactly as registered.

Last name Jr Sr II III IV

First name Middle name or initial

About you

2 Birth date (MM/DD/YYYY) Occupation

Your address

Please print your address exactly as registered.

Address (not P.O. Box) Apt. number

City/Town State Zip code

3 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

Want your ballot mailed?

Due to mail processing times, please consider picking up and delivering your ballot in-person.

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.

PA driver's license or PennDOT ID card number

5 Last four digits of your Social Security number XXX - XX -

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 emergency absentee ballot and describe the circumstances for applying.

I hereby apply for an emergency absentee ballot for the reason checked below. (please check one reason below)

- I have or had an illness or physical disability that prevented me from applying for a non-emergency absentee ballot prior to the application deadline.
- I was unable to apply for a non-emergency absentee ballot or mail-in ballot by the deadline due to my business, duties, or occupation.
- I became physically ill or disabled after the deadline to submit an application for a non-emergency absentee ballot.
- I expect to be absent from my municipality on election day and I did not know that I would be absent prior to the application deadline for a non-emergency absentee ballot.

6 Describe the circumstances that prevented you from applying for a non-emergency absentee ballot before the deadline or that will prevent you from appearing at the polling place on election day:

I hereby declare that the information I have provided on this emergency absentee ballot application is true and correct and is made subject to the penalties under 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

7 Voter signature here X Date

Help with this form

Complete this section if you are unable to sign the declaration in Section 6.

I hereby state that I am unable to sign my application for an emergency 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

Authorize a Representative to Pick up and/or Return Emergency Absentee Ballot

If you are unable to pick up and/or return your emergency absentee ballot yourself, this form allows you to authorize a representative to do it for you.

The voter or authorized representative must return this form and the ballot to the County Board of Elections by 8:00 p.m. on election day.

Visit VotesPA.com/mailballot or call 1-877-868-3772 for more information.

I authorize a representative to pick up and/or return my emergency absentee ballot to my County Board of Elections.

Voter's name and address

1

Voter's Full Name	
Street Address	
City/Town	State
County	Zip Code

Voter's Signature

2

I hereby authorize the representative designated below to pick up and/or return my emergency absentee ballot. I agree that:

- My representative is only allowed to pick up and/or return my completed ballot that I have sealed in the required envelopes addressed to my County's Board of Elections.
- My completed ballot must be returned to the Board of Elections by 8:00 p.m. on election day.

Voter Signature X _____ Date _____

Representative's name and address

3

Representative's Full Name	
Street Address	
City/Town	State
County	Zip Code

Representative's Signature

4

I hereby agree to serve as the designated representative for the above-named voter. I agree that:

- I am only this voter's designated representative for the purposes of obtaining and/or returning their emergency absentee ballot.
- If returning the voter's ballot, I will do so only after it has been completed by the voter and sealed in the required envelope.

Representative's Signature X _____ Date _____