

EMERGENCY APPLICATION FOR ABSENTEE BALLOT

(For Emergencies That Occur Between 5:00 P.M. Tuesday and 5:00 P.M. Friday Before the Primary or Election)

ALL VOTERS FILL OUT HERE

I, _____ declare that I am a voter
(PRINT FULL NAME)
of _____ County, Pennsylvania, and that I am a qualified and registered elector
at my home address which is _____
(STREET ADDRESS OR RURAL ROUTE)

(POST OFFICE AND/OR ZIP CODE)
in the _____ Ward, _____ District, of the _____ that I have resided in this voting
(CITY/TOWN/BOROUGH)
district since _____ and that I am entitled to vote therein this primary or election.
My occupation is _____. My date of birth is _____.
(If employee of the Commonwealth or Federal Government qualified to vote without street address, check here.)
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 Driver's License or Social Security Number. (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, IF APPLICABLE:

**DUTIES, OCCUPATION,
BUSINESS COMPLETE
HERE**

ABSENCE FROM THE MUNICIPALITY
I expect to be absent from the municipality of my residence on the day of the election/primary because of duties, occupation or business, which fact was not and could not be known to me on or before the Tuesday prior to the election.

(DATE OF SIGNING) _____
(SIGNATURE OF VOTER)
Sworn and subscribed before me this ___ day of _____ 20__.

(STATE TITLE OF OFFICE, NOTARY PUBLIC, ETC. AFFIX SEAL)

**ILLNESS OR PHYSICAL
DISABILITY
COMPLETE HERE**

ILLNESS OR PHYSICAL DISABILITY
I expect to be unable to attend my proper polling place on the day of the election/primary because of illness or physical disability. The nature of which appears below:

(INSERT DISABILITY OR ILLNESS HERE)

(DATE OF SIGNING) _____
(SIGNATURE OF VOTER)
I hereby attest that the physical disability or illness of above elector occurred at a time when he was unable to apply for an absentee ballot, on or before 5:00 P.M. on the Tuesday prior to the election.

(SIGNATURE OF PHYSICIAN)
Sworn and subscribed before me this _____ day of _____ 20__.

(STATE TITLE OF OFFICE, NOTARY PUBLIC, ETC. AFFIX SEAL)

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.