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
of __________________County, Pennsylvania, and that I am a qualified and registered elector
at my home address which is ________________________________________________________

(POST OFFICE AND/OR ZIP CODE)

in the _______ Ward, _________ District, of the ____________________________ that I have resided in this voting
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. □)

MAIL BALLOT TO ME AT THE FOLLOWING ADDRESS, IF APPLICABLE:

DUTIES, OCCUPATION, BUSINESS COMPLETE HERE

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

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:

____________________
(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.

□ 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).