

# Pennsylvania Application for Absentee Ballot

## Print name

Please print your name exactly as registered.

1

First name \_\_\_\_\_ Middle name or initial \_\_\_\_\_  
Last name \_\_\_\_\_  Jr  Sr  II  III  IV

## About you

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

2

Birth date (required) \_\_\_\_\_ Phone number \_\_\_\_\_  
Email \_\_\_\_\_

## Your address

Please print your address exactly as registered. If your address has changed, you should first update your voter registration. The deadline to update your address is 15 days before the date of the next election.

3

Address (not P.O. Box) \_\_\_\_\_ Apt. number \_\_\_\_\_  
City \_\_\_\_\_ State **PA** Zip \_\_\_\_\_ County \_\_\_\_\_  
Voting district or precinct (if known) \_\_\_\_\_ Municipality \_\_\_\_\_ Ward (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 PO Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
This address is my (e.g. vacation home, temporary residence, etc.) \_\_\_\_\_

## 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" instructions page.

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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.

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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 \_\_\_\_\_  
Voter signature here X \_\_\_\_\_ Date \_\_\_\_\_

## 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 \_\_\_\_\_  
Physician name \_\_\_\_\_ Physician phone \_\_\_\_\_  
Physician office address \_\_\_\_\_  
Voter signature here X \_\_\_\_\_ Date \_\_\_\_\_

## 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".

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 only vote a provisional ballot at your polling place on election day, unless you surrender your absentee ballot and the return envelope containing the Voter's Declaration to the judge of elections to be voided to vote by regular ballot.

**Return to: County Board of Elections, City Hall Rm 142, 1400 JFK Blvd, Phila, PA 19107**