

EMERGENCY APPLICATION FOR ABSENTEE BALLOT

(For Emergencies That Occur After 5:00 P.M. on the Friday Before the Primary or Election)

ALL VOTERS FILL OUT HERE	<p>I, _____ declare that I am a voter (PRINT FULL NAME)</p> <p>of _____ County, Pennsylvania, and that I am a qualified and registered elector at my home address which is _____ (STREET ADDRESS OR RURAL ROUTE)</p> <p>_____ (POST OFFICE AND/OR ZIP CODE)</p> <p>in the _____ Ward, _____ District, of the _____ that I have resided in this voting (CITY/TOWN/BOROUGH)</p> <p>district since _____ and that I am entitled to vote therein this primary or election.</p> <p>My occupation is _____. My date of birth is _____.</p> <p>(If employee of the Commonwealth or Federal Government qualified to vote without street address, check here. <input type="checkbox"/>)</p> <p>Place PA Driver's License (DL) or PennDOT ID # Here if you have one: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>If no PA DL or PennDOT ID # Place SS# (last 4 digits) here: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> 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).</p> <p style="text-align: center;">MAIL BALLOT TO ME AT THE FOLLOWING ADDRESS, IF APPLICABLE:</p>
DUTIES, OCCUPATION, BUSINESS COMPLETE HERE	<p>ABSENCE FROM THE MUNICIPALITY</p> <p>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 5:00 P.M. on the Friday prior to the election.</p> <p>_____ (DATE OF SIGNING)</p> <p>_____ (SIGNATURE OF VOTER)</p> <p>Sworn and subscribed before me this ____ day of _____ 20__.</p> <p style="text-align: center;">(STATE TITLE OF OFFICE, NOTARY PUBLIC, ETC. AFFIX SEAL)</p>
ILLNESS OR PHYSICAL DISABILITY COMPLETE HERE	<p>ILLNESS OR PHYSICAL DISABILITY</p> <p>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:</p> <p>_____ (INSERT DISABILITY OR ILLNESS HERE)</p> <p>_____ (DATE OF SIGNING)</p> <p>_____ (SIGNATURE OF VOTER)</p> <p>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 Friday prior to the election.</p> <p>_____ (SIGNATURE OF PHYSICIAN)</p> <p>Sworn and subscribed before me this ____ day of _____ 20__.</p> <p style="text-align: center;">(STATE TITLE OF OFFICE, NOTARY PUBLIC, ETC. AFFIX SEAL)</p>
	<p>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.</p> <p>_____ (DATE)</p> <p>_____ (MARK)</p> <p>_____ (COMPLETE ADDRESS OF WITNESS)</p> <p>_____ (SIGNATURE OF WITNESS)</p> <p>NOTE: Electors requiring assistance in voting must procure Special Form from the county Board of Elections to transmit with this application.</p>
<p>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.</p>	

Authorized by _____
 Signature of the Judge of the Court of Common Pleas

 Printed Name of Judge

 Date