Pennsylvania Application for Emergency Absentee Ballot

Use black ink

pennsylvania DEPARTMENT OF STATE

Print your name

Please print your name exactly as registered.

1

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.

3

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

City/Town **State** **Zip code**

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.

5

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 emergency absentee ballot and describe the circumstances for applying.

6

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.

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).

Voter signature here X **Date**

Help with this form

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

7

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

IMPORTANT: 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 vote a provisional ballot at your polling place on election day.