

M Pennsylvania Application for Mail-In Ballot

Print your name

Please print your name exactly as you registered to vote.

1

Last name _____ Jr Sr II III IV (circle if applicable)

First name _____ Middle name or initial _____

About you

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

2

Birth date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

Phone _____ - _____ - _____ Email _____

Your address

Please print your address exactly as you registered to vote.

3

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

City/Town _____ State PA Zip code _____

Municipality _____ County _____

Ward (if known) _____ Voting district (if known) _____

I have lived at this address since: _____

Where to mail ballot?

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. See "Necessary Identification" on Page 2.

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.

Declaration

6

I declare that I am eligible to vote by mail-in ballot at the forthcoming primary or election; that I am requesting the ballot of the party with which I am enrolled according to my voter registration record; and that all of the information which I have listed on this mail-in ballot application is true and correct.

Voter signature here X _____ Date _____

Annual mail-in request

See "What is an annual mail-in ballot request?" for more information.

7

If you would like to apply to receive mail-in ballots for the remainder of this year and if you would like to automatically receive an annual application for mail-in ballots each year, please indicate below.

I would like to receive mail-in ballots this year and receive annual applications for mail-in ballots each year.

Help with this form

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

8

I hereby state that I am unable to sign my application for a mail-in 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 _____

Pennsylvania Application for Mail-In Ballot

How to submit your application:

Once your application is completed, you may **return it to your local county board of elections**. If you're unsure of where to mail your application, please visit www.VotesPA.com/county for more information.

Deadline alert:

The **deadline to apply** for a mail-in ballot is 5:00PM on the Tuesday before the election. Please note your application must be **received** in the county board of election's office by that time. **Postmarks do not count.**

The **deadline to return your completed ballot** is 8:00PM on election day. Please note your completed ballot must be **received** in the county board of election's office by that time. **Postmarks do not count.**

Necessary identification:

In order to apply for a mail-in ballot, you must supply your PA Driver's License or PennDOT issued photo ID card number in the Identification section. If you do not have a PA Driver's License or PennDOT issued photo ID card, you must supply the last four (4) digits of your Social Security number.

If you do not have a valid form of either of these types of identification, please check the box titled "I do not have a PA driver's license or a PennDOT ID card or a Social Security number" in the Identification section. If you choose this option, you must enclose a photocopy of an acceptable ID.

Please visit www.VotesPA.com/MailBallot for more information, call **1-877-VotesPA** (1-877-868-3772), or contact your county board of elections.

What is an annual mail-in ballot request?

If you indicate you would like to be added to the annual mail-in ballot request list, you will receive an application to renew your request for mail-in ballot each year. Once your application is approved, you will automatically receive ballots for the remainder of the year and you do not need to submit an application for each election.

WARNING: If you receive a mail-in 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 mail-in ballot by the deadline, you may vote a provisional ballot at your polling place on election day.

Questions?

Call your County
Election Office
or call 1-877-VOTESPA
(1-877-868-3772).

For more information about
voting, visit our website:
www.VotesPA.com.

Información en español:

Si le interesa obtener este formulario en español, llame al 1-877-868-3772.