

**PERMANENT ABSENTEE BALLOT APPLICATION**

**NOTE:** A separate absentee ballot application must be submitted to your county board of elections for each primary or election.

I am applying to vote permanently via absentee ballot due to illness or physical disability. See instructions.

ALL VOTERS FILL OUT HERE	
	(PRINT FULL NAME)
	(HOME ADDRESS - include city, town or borough)
	(ZIP CODE) (COUNTY) (ELECTION DISTRICT – if known)
	(OCCUPATION) (DATE OF BIRTH)
	I have lived at this address since _____ State or Federal Government employees check here ( ). EMAIL ADDRESS (Optional) _____
	Place PA Driver's License (DL) or PennDOT ID # <input type="text"/> <input type="text"/> Here if you have one: <input type="checkbox"/> I DO NOT have a PA DL #, PennDOT ID # or SS#. (A copy of an acceptable ID must be provided with this application. Please see <a href="http://www.VotesPA.com">www.VotesPA.com</a> or call your county board of elections regarding acceptable IDs).
	<b>MAIL BALLOT TO ME AT THE FOLLOWING ADDRESS:</b>
	(STREET ADDRESS)
	(CITY, TOWN, or BOROUGH) (STATE) (ZIP CODE)
DUTIES, OCCUPATION, BUSINESS COMPLETE HERE	<b>I HEREBY APPLY FOR AN ABSENTEE BALLOT FOR THE FOLLOWING REASON:</b>
	<input type="checkbox"/> ABSENCE FROM THE MUNICIPALITY <input type="checkbox"/> ILLNESS OR PHYSICAL DISABILITY COMPLETE SECTION A COMPLETE SECTION B
	<b>SECTION A – ABSENCE FROM THE MUNICIPALITY</b> 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.
	(INSERT REASON FOR ABSENCE HERE)
	(SIGNATURE OF ELECTOR) (DATE)
ILLNESS OR PHYSICAL DISABILITY COMPLETE HERE	<b>SECTION B – ILLNESS OR PHYSICAL DISABILITY</b> 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 that I have listed on this absentee ballot application is true and correct.
	(INSERT ILLNESS OR PHYSICAL DISABILITY HERE)
	(NAME OF PHYSICIAN) (PHONE NO.)
	(OFFICE ADDRESS)
	(SIGNATURE OF ELECTOR) (DATE)
	<b>IF UNABLE TO SIGN COMPLETE SECTION C</b>
	<b>SECTION C</b> 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.	
<b>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.</b>	

## Absentee Ballot Application Instructions

Complete all required information on the Application.

You must supply your PA Driver's License number or PennDOT issued Pennsylvania photo identification card (PennDOT photo ID) number in the blocks provided. If you do not have a driver's license number or PennDOT photo ID number you must supply the last 4 digits of your Social Security Number.

If you do not have either of these types of identification please check the box entitled, I DO NOT have a PA Driver's License, PennDOT ID # or SS#. You must enclose a photocopy of an acceptable ID. Please see [www.VotesPA.com](http://www.VotesPA.com), call 1-877-VotesPA (1-877-868-3772) or contact your county board of elections regarding acceptable ID's.

Return the Application to your local County Board of Elections. (The address and telephone number for your local County Board of Elections may be found using the County Information Link at [www.VotesPA.com](http://www.VotesPA.com).)

### Absentee Voting Deadlines Are As Follows:

**Applications:** The last day to apply for a civilian absentee ballot is 5:00PM on the Tuesday before the election – please note that **POSTMARKS DO NOT APPLY** and original applications must be received (no facsimiles or emails).

**Voted Ballots:** All civilian voted ballots must be returned to the County Board of Elections Office by 5:00PM on the Friday before the election – please note that **POSTMARKS DO NOT APPLY**. If hand delivering, only the actual voter may return their ballot.

### **Qualifications for Permanent Absentee Voters:**

- Must be a qualified registered elector of the Commonwealth and of the election district.
- Must be unable because of illness or physical disability to attend his or her polling place on the day of any primary or election or operate a voting machine.
- Must obtain the certification of his or her attending physician that he or she is permanently disabled, and physically unable to attend the polls or operate a voting machine.

### **Explanation of Permanent Absentee Voter Status:**

- An absentee ballot application will be mailed to permanent absentee voters for each primary or each election as long as he or she is eligible to vote.
- Permanent absentee voters are not required to file a physician's certificate of disability with each application for absentee ballot, but such person must submit a written statement asserting continuing disability *every four years* in order to maintain his or her eligibility to vote under the permanent absentee program.
- If a permanent absentee voter should lose his or her disability, he or she must inform the county board of elections of the county of his or her residence.

**AFFIDAVIT OF ILLNESS OR PERMANENT PHYSICAL DISABILITY AND PHYSICIAN'S CERTIFICATE**

**This form, if properly executed and returned to the County Board of Elections, will maintain your eligibility to vote without requesting an application for an absentee ballot for a period of four years pursuant to the Pennsylvania Election Code at 25 P.S. § 3146.2(e.1).**

Commonwealth of Pennsylvania

County of \_\_\_\_\_

City

Boro of \_\_\_\_\_ Ward \_\_\_\_\_ District \_\_\_\_\_

Twp. \_\_\_\_\_

\_\_\_\_\_  
(Street or Rural Route)

\_\_\_\_\_  
(Post Office and/or Zip Code)

\_\_\_\_\_  
(printed name) declare that I am a qualified

and registered elector of the district stated above and that I am permanently disabled.

\_\_\_\_\_  
(Enter here the nature of illness or disability)

Because of my disability, I am (check one):

Unable to attend my polling place.

Able to attend my polling place, but would be physically unable both to operate a voting machine (or mark the ballot) and to orally request assistance to do so.

\_\_\_\_\_  
(Signature or Mark of Elector)

(To be completed only if you made your mark instead of your signature in the above section)

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)

Physician's Certificate of Permanent Disability

I hereby certify that the above named voter is permanently disabled, and either physically unable to attend the polls or physically unable both to operate a voting machine (or mark the ballot) and to orally request assistance to do so.

\_\_\_\_\_  
(Date of signing)

\_\_\_\_\_  
(Signature of Physician)

Should you lose your disability you must inform the County Board of Elections of the county of your residence.