

**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**

I, \_\_\_\_\_ declare that I am a voter  
(PRINT FULL NAME)  
of \_\_\_\_\_ County, Pennsylvania, and that I am a qualified and registered elector  
at my home address which is \_\_\_\_\_  
(STREET ADDRESS OR RURAL ROUTE)  
\_\_\_\_\_  
(POST OFFICE AND/OR ZIP CODE)

in the \_\_\_\_\_ Ward, \_\_\_\_\_ District, of the \_\_\_\_\_ that I have resided in this voting  
(CITY/TOWN/BOROUGH)  
district since \_\_\_\_\_ and that I am entitled to vote therein this primary or election.

My occupation is \_\_\_\_\_. My date of birth is \_\_\_\_\_.  
(If employee of the Commonwealth or Federal Government qualified to vote without street address, check here.)

Place PA Driver's License  
(DL) or PennDOT ID #  
Here if you have one:

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If no PA DL or PennDOT ID #  
Place SS# (last 4 digits) here:

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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).

**MAIL BALLOT TO ME AT THE FOLLOWING ADDRESS, IF APPLICABLE:**

**DUTIES,  
OCCUPATION,  
BUSINESS  
COMPLETE  
HERE**

**ABSENCE FROM THE MUNICIPALITY**

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.

\_\_\_\_\_  
(DATE OF SIGNING)

\_\_\_\_\_  
(SIGNATURE OF VOTER)

Sworn and subscribed before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
(STATE TITLE OF OFFICE, NOTARY PUBLIC, ETC. AFFIX SEAL)

**ILLNESS OR PHYSICAL  
DISABILITY  
COMPLETE HERE**

**ILLNESS OR PHYSICAL DISABILITY**

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:

\_\_\_\_\_  
(INSERT DISABILITY OR ILLNESS HERE)

\_\_\_\_\_  
(DATE OF SIGNING)

\_\_\_\_\_  
(SIGNATURE OF VOTER)

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.

\_\_\_\_\_  
(SIGNATURE OF PHYSICIAN)

Sworn and subscribed before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
(STATE TITLE OF OFFICE, NOTARY PUBLIC, ETC. AFFIX SEAL)

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.

**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.**

Authorized by \_\_\_\_\_

Signature of the Judge of the Court of Common Pleas

Printed Name of Judge

Date