

**EMERGENCY APPLICATION FOR ABSENTEE BALLOT**  
**(For Emergencies That Occur After 5:00 P.M. on the Friday Before the Primary or Election)**

<b>ALL VOTERS FILL OUT HERE</b>	<p>I, _____ declare that I am a voter <small>(PRINT FULL NAME)</small></p> <p>of _____ County, Pennsylvania, and that I am a qualified and registered elector at my home address which is _____ <small>(STREET ADDRESS OR RURAL ROUTE)</small></p> <p>_____ <small>(POST OFFICE AND/OR ZIP CODE)</small></p> <p>in the _____ Ward, _____ District, of the _____ that I have resided in this voting <small>(CITY/TOWN/BOROUGH)</small></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><small>(If employee of the Commonwealth or Federal Government qualified to vote without street address, check here.)</small></p> <p><input type="checkbox"/> Place PA Driver's License <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"/> <small>(DL) or PennDOT ID # Here if you have one:</small></p> <p>If no PA DL or PennDOT ID # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Place SS# (last 4 digits) here:</p> <p><input type="checkbox"/> I DO NOT have a PA Driver's License or Social Security Number. <small>(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).</small></p> <p align="center"><b>MAIL BALLOT TO ME AT THE FOLLOWING ADDRESS, IF APPLICABLE:</b></p> <hr/> <hr/>
<b>DUTIES, OCCUPATION, BUSINESS COMPLETE HERE</b>	<p><b>ABSENCE FROM THE MUNICIPALITY</b></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>_____ <small>(DATE OF SIGNING)</small> _____ <small>(SIGNATURE OF VOTER)</small></p> <p>Sworn and subscribed before me this ____ day of _____ 20____.</p> <hr/> <p align="center"><small>(STATE TITLE OF OFFICE, NOTARY PUBLIC, ETC. AFFIX SEAL)</small></p>
<b>ILLNESS OR PHYSICAL DISABILITY COMPLETE HERE</b>	<p><b>ILLNESS OR PHYSICAL DISABILITY</b></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>_____ <small>(INSERT DISABILITY OR ILLNESS HERE)</small></p> <p>_____ <small>(DATE OF SIGNING)</small> _____ <small>(SIGNATURE OF VOTER)</small></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>_____ <small>(SIGNATURE OF PHYSICIAN)</small></p> <p>Sworn and subscribed before me this ____ day of _____ 20____.</p> <hr/> <hr/> <p align="center"><small>(STATE TITLE OF OFFICE, NOTARY PUBLIC, ETC. AFFIX SEAL)</small></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>_____ <small>(DATE)</small> _____ <small>(MARK)</small></p> <p>_____ <small>(COMPLETE ADDRESS OF WITNESS)</small> _____ <small>(SIGNATURE OF WITNESS)</small></p> <p>NOTE: Electors requiring assistance in voting must procure Special Form from the county Board of Elections to transmit with this application.</p>
<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>	

Authorized by \_\_\_\_\_ Printed Name of Judge \_\_\_\_\_ Date \_\_\_\_\_  
Signature of the Judge of the Court of Common Pleas