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
(PLEASE PRINT NAME AS REGISTERED)

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/BORO/TOWN.TOWNSHIP)

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. □)

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___.

_____

_____

_____

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 IF 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.