

Pennsylvania Application for Emergency Absentee Ballot

Print your name

Please print your name exactly as registered.

| | |
|---|--|
| 1 | Last name _____ Jr Sr II III IV (circle if applicable) |
| | First name _____ Middle name or initial _____ |

About you

| | |
|---|--|
| 2 | Birth date (MM/DD/YYYY) _____ Occupation _____ |
|---|--|

Your address

Please print your address exactly as registered.

| | |
|---|--|
| 3 | Address (not P.O. Box) _____ Apt. number _____ |
| | City/Town _____ State _____ Zip code _____ |
| | Municipality _____ County _____ |
| | Ward (if known) _____ Voting district (if known) _____ |
| | I have lived at this address since: _____ |
| Are you a State or Federal Government employee? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Want your ballot mailed?

Due to mail processing times, please consider picking up and delivering your ballot in-person.

| | |
|---|---|
| 4 | <input type="checkbox"/> 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.

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| 5 | PA driver's license or PennDOT ID card number _____ |
| | Last four digits of your Social Security number X X X - X X - _____ |
| | <input type="checkbox"/> I do not have a PA driver's license or a PennDOT ID card or a Social Security number. |

Reason

Select a reason for applying for an emergency absentee ballot and describe the circumstances for applying.

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| 6 | I hereby apply for an emergency absentee ballot for the reason checked below. (please check one reason below) |
| | <input type="checkbox"/> I have or had an illness or physical disability that prevented me from applying for a non-emergency absentee ballot prior to the application deadline. |
| | <input type="checkbox"/> I was unable to apply for a non-emergency absentee ballot or mail-in ballot by the deadline due to my business, duties, or occupation. |
| | <input type="checkbox"/> I became physically ill or disabled after the deadline to submit an application for a non-emergency absentee ballot. |
| | <input type="checkbox"/> I expect to be absent from my municipality on election day and I did not know that I would be absent prior to the application deadline for a non-emergency absentee ballot. |
| | Describe the circumstances that prevented you from applying for a non-emergency absentee ballot before the deadline or that will prevent you from appearing at the polling place on election day: _____ _____ _____ |
| I hereby declare that the information I have provided on this emergency absentee ballot application is true and correct and is made subject to the penalties under 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities). | |
| Voter signature here X _____ Date _____ | |

Help with this form

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

| | |
|-------------------------------------|--|
| 7 | I hereby state that I am unable to sign my application for an emergency 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. |
| | Mark of voter X _____ Date _____ |
| | Address of witness _____ |
| Signature of witness X _____ | |

IMPORTANT: If you receive an absentee 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 absentee ballot by the deadline, you may vote a provisional ballot at your polling place on election day.

Authorize a Representative to Pick up and/or Return Emergency Absentee Ballot



If you are unable to pick up and/or return your emergency absentee ballot yourself, this form allows you to authorize a representative to do it for you.

The voter or authorized representative must return this form and the ballot to the County Board of Elections by 8:00 p.m. on election day.

Visit [VotesPA.com/mailballot](https://www.votespa.com/mailballot) or call 1-877-868-3772 for more information.

I authorize a representative to pick up and/or return my emergency absentee ballot to my County Board of Elections.

| | | |
|--|---|--|
| Voter's name and address | 1 | <p>Voter's Full Name</p> <hr/> <p>Street Address</p> <hr/> <p>City/Town _____ State _____</p> <p>County _____ Zip Code _____</p> |
| Voter's Signature | 2 | <p>I hereby authorize the representative designated below to pick up and/or return my emergency absentee ballot. I agree that:</p> <ul style="list-style-type: none">• My representative is only allowed to pick up and/or return my completed ballot that I have sealed in the required envelopes addressed to my County's Board of Elections.• My completed ballot must be returned to the Board of Elections by 8:00 p.m. on election day. <p>Voter Signature X _____ Date _____</p> |
| Representative's name and address | 3 | <p>Representative's Full Name</p> <hr/> <p>Street Address</p> <hr/> <p>City/Town _____ State _____</p> <p>County _____ Zip Code _____</p> |
| Representative's Signature | 4 | <p>I hereby agree to serve as the designated representative for the above-named voter. I agree that:</p> <ul style="list-style-type: none">• I am only this voter's designated representative for the purposes of obtaining and/or returning their emergency absentee ballot.• If returning the voter's ballot, I will do so only after it has been completed by the voter and sealed in the required envelope. <p>Representative's Signature X _____ Date _____</p> |