

# M Pennsylvania Application for Mail-In Ballot

## Print your name

Please print your name exactly as you registered to vote.

1

Last name \_\_\_\_\_ Jr Sr II III IV (circle if applicable)

First name \_\_\_\_\_ Middle name or initial \_\_\_\_\_

## About you

Phone and email are optional and used if information is missing on this form.

2

Birth date 

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

## Your address

Please print your address exactly as you registered to vote.

3

Address (not P.O. Box) \_\_\_\_\_ Apt. number \_\_\_\_\_

City/Town \_\_\_\_\_ State PA Zip code \_\_\_\_\_

Municipality \_\_\_\_\_ County \_\_\_\_\_

Ward (if known) \_\_\_\_\_ Voting district (if known) \_\_\_\_\_

I have lived at this address since: \_\_\_\_\_

## Where to mail ballot?

4

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. See "Necessary Identification" on Page 2.

5

PA driver's license or PennDOT ID card number \_\_\_\_\_

Last four digits of your Social Security number X X X - X X - \_\_\_\_\_

I do not have a PA driver's license or a PennDOT ID card or a Social Security number.

## Declaration

6

I declare that I am eligible to vote by mail-in ballot at the forthcoming primary or election; that I am requesting the ballot of the party with which I am enrolled according to my voter registration record; and that all of the information which I have listed on this mail-in ballot application is true and correct.

Voter signature here X \_\_\_\_\_ Date \_\_\_\_\_

## Annual mail-in request

See "What is an annual mail-in ballot request?" for more information.

7

If you would like to apply to receive mail-in ballots for the remainder of this year and if you would like to automatically receive an annual application for mail-in ballots each year, please indicate below.

I would like to receive mail-in ballots this year and receive annual applications for mail-in ballots each year.

## Help with this form

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

8

I hereby state that I am unable to sign my application for a mail-in 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 \_\_\_\_\_

**WARNING:** If you receive a mail-in 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.

**Return to: County Board of Elections, City Hall Rm 142, 1400 JFK Blvd, Phila, PA 19107**