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	
	ofCounty, Pennsylvania, and that I am a qualified and registered elector	
	at my home address which is	
	(POST OFFICE AND/OR ZIP CODE)	
	in the Ward, District, of the that I have resided in this voting	
	district since and that I am entitled to vote therein this primary or election.	
	My occupation is My date of birth is	
ER	(If employee of the Commonwealth or Federal Government qualified to vote without street address, check here. □)	
T VOT	Place PA Driver's License (DL) or PennDOT ID # Place SS# (last 4 digits) here:	
AL	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:	
	MAIL BALLOT TO ME AT THE POLLOWING ADDRESS, IF ATTERCABLE.	
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)	
DI CCCI BU SON	Sworn and subscribed before me this day of 20	
0	(STATE TITLE OF OFFICE, NOTARY PUBLIC, ETC. AFFIX SEAL)	
	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	
AL ,	physical disability. The nature of which appears below:	
YSICAI FY HERE	(INSERT DISABILITY OR ILLNESS HERE)	
	(DATE OF SIGNING) (SIGNATURE OF VOTER)	
R P BIL ETE	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.	
ILLNESS OR PH DISABILI COMPLETE		
	Sworn and subscribed before me this day of 20	
C	unj or 25	
П		
	(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	
WAR	transmit with this application. NING – 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		

Printed Name of Judge

Date

Signature of the Judge of the Court of Common Pleas

Designation of Authorized Representative to Assist Emergency Absentee Ballot Applicant

Court of Common Pleas of	
Court of Common Pleas of (Insert Name of County)	
I hereby designateto serve as m	
(Insert Name of Authorized Representative)	
agent for obtaining an emergency absentee ballot for my use only and to return the ballot	
after I have completed it and sealed it in the required envelope to the Board of Elections of	
County. I understand that my completed ballot must be returned to the	
Board of Elections no later than 8:00 P.M. on the day of the primary or election. I am	
qualified under Pennsylvania law to vote by emergency absentee ballot because of illness or	
physical disability that occurred after 5:00 P.M. on the Friday before the primary or election	
or because I will be absent from my municipality on the day of the primary or election	
because of my business, duties or occupation, which fact was not and could not reasonably	
be known prior to 5:00 P.M. on the Friday before the primary or election.	
(Address of Voter)	

(Voter's Signature)

Certification of Authorized Representative

I hereby agree to serve as the authorized representative for
(Name of Voter)
for purposes of obtaining an emergency absentee ballot for the above voter only and to
return the ballot, after it has been completed by the voter and sealed in the required
envelope to the County Board of Elections. I certify that I am not acting as the authorized
representative during this election for any person who does not live in the same
household as the above-named voter.
(Signature of Authorized Representative)
Name and Address of Authorized Representative (Please Print):
(Name of Authorized Representative)
(Address of Authorized Representative)