

# APPLICATION FOR ABSENTEE BALLOT

NOTE: This application is valid for only one election.

|  |   |                        |          |
|--|---|------------------------|----------|
| <b>ALL VOTERS COMPLETE HERE</b>  | (PLEASE PRINT REGISTERED NAME)  |                        |          |
|  | (HOME ADDRESS)  |                        |          |
|  | (CITY)  | (ZIP CODE)             | (COUNTY) |
|  | (OCCUPATION)  | (DATE OF BIRTH)        |          |
|  | (PHONE AND/OR EMAIL CONTACT INFO FOR QUESTIONS REGARDING THIS APPLICATION)  |                        |          |
|  | PLACE PA DRIVER'S LICENSE (DL) OR PENNDOT ID # HERE: _____  |                        |          |
|  | IF NO PA DL OR PENNDOT ID #, PLACE LAST FOUR DIGITS OF SOCIAL SECURITY # HERE: _____  |                        |          |
|  | <input type="checkbox"/> I DO NOT have a PA DL #, PennDOT ID # or SS #. A photocopy of an acceptable ID must be provided with this application. Please see the reverse side of this application regarding acceptable IDs or visit <a href="http://www.votespa.com">www.votespa.com</a> .  |                        |          |
|  | <b>MAIL BALLOT TO ME AT THE FOLLOWING ADDRESS</b>   |                        |          |
|  | (IF DIFFERENT FROM ABOVE)   |                        |          |
| (STREET ADDRESS)   |   |                        |          |
| (CITY) (STATE) (ZIP CODE)  |   |                        |          |
| <b>I HEREBY APPLY FOR AN ABSENTEE BALLOT FOR THE FOLLOWING REASON:</b>   |   |                        |          |
| <input type="checkbox"/> ABSENCE FROM THE MUNICIPALITY COMPLETE SECTION A <input type="checkbox"/> ILLNESS OR PHYSICAL DISABILITY COMPLETE SECTION B |   |                        |          |
| <b>ABSENCE FROM MUNICIPALITY COMPLETE HERE</b>   | <b>SECTION A - ABSENCE FROM THE MUNICIPALITY</b><br>I declare that I am eligible to vote absentee at the forthcoming primary or election since I expect to be absent from the municipality of my residence on the day of the primary or election for the reason stated below; and that all of the information which I have listed on this absentee ballot application is true and correct.                                  |                        |          |
|  | (INSERT REASON FOR ABSENCE HERE)  |                        |          |
|  | (SIGNATURE OF VOTER)  | (DATE)                 |          |
| <b>ILLNESS OR PHYSICAL DISABILITY COMPLETE HERE</b>  | <b>SECTION B - ILLNESS OR PHYSICAL DISABILITY</b><br>I declare that I am eligible to vote absentee at the forthcoming primary or election due to the illness or physical disability stated below; that the information required to be listed pertaining to my illness is correctly stated herein and that all other information that I have listed on this absentee ballot application is true and correct.                 |                        |          |
|  | (INSERT ILLNESS OR PHYSICAL DISABILITY HERE)  |                        |          |
|  | (SIGNATURE OF VOTER)  | (DATE)                 |          |
| <b>IF UNABLE TO SIGN COMPLETE HERE</b>   | <b>SECTION C - COMPLETE ONLY IF UNABLE TO SIGN SECTION B</b><br>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 received assistance in making my mark in lieu of my signature. |                        |          |
|  | (DATE)  | (SIGNATURE OF WITNESS) |          |
|  | (COMPLETE ADDRESS OF WITNESS)   |                        |          |

This Space for Official Use Only

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.

# ABSENTEE BALLOT APPLICATION INSTRUCTIONS

1. Complete all required information on the application.
2. You must supply your PA driver's license number or PennDOT issued photo identification card number in the section provided. If you do not have a driver's license number or PennDOT photo ID number you must supply the last four digits of your Social Security Number.
3. If you do not have either of these types of identification please check the box entitled, I DO NOT have a PA DL #, PennDOT ID # or SS #. You must enclose a copy of an acceptable photo ID. Please see acceptable forms of ID below.
4. Place the completed application in an envelope and mail to our office.

## Mailing Address:

Montgomery County Board of Elections  
PO Box 311  
Norristown, PA 19404-0311

## UPS or FedEx Shipping Address:

Montgomery County Board of Elections  
One Montgomery Plaza  
Suite 602  
425 Swede Street  
Norristown, PA 19401

## Acceptable Photo IDs Include:

All photo IDs **must** contain an expiration date that is current, unless noted otherwise. Acceptable IDs include:

- Photo IDs issued by the U.S. Federal Government or the Commonwealth of Pennsylvania:
  - Pennsylvania driver's license or PennDOT photo ID (IDs are valid for voting purposes 12 months past expiration date)
  - Valid U.S. passport
  - U.S. military ID - active duty and retired military (a military or veteran's ID must designate an expiration date or designate that the expiration date is indefinite). Military dependents' ID must contain an expiration date
- Employee photo ID issued by Federal, PA, County or Municipal government
- Photo ID cards from an accredited Pennsylvania public or private institution of higher learning
- Photo ID cards issued by a Pennsylvania care facility, including long-term care facilities, assisted living residences or personal care homes

## ABSENTEE VOTING DEADLINES

**Applications:** The last day to apply for a civilian absentee ballot is 5:00pm on the Tuesday before the primary or election – please note the POSTMARKS DO NOT APPLY and original applications must be received (no facsimiles or emails).

**Voted Ballots:** All civilian voted ballots must be returned to the County Board of Elections Office by 5:00pm on the Friday before the primary or election – please note that POSTMARKS DO NOT APPLY. If hand delivering, only the actual voter may return their ballot.

Please call our office with any questions: 610.278.3275