

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	
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

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

<input type="checkbox"/> I 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.
<input type="checkbox"/> 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