

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
 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
 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 _____