

NEW APPLICATION FOR ABSENTEE BALLOT

MAIL BALLOT TO:

PLEASE PRINT NAME AS REGISTERED

STREET ADDRESS

STREET ADDRESS

RESIDENTIAL ADDRESS

CITY, STATE & ZIP CODE

CITY, STATE & ZIP CODE

PHONE NUMBER

OR

PA DRIVERS LICENSE # LAST 4 DIGITS OF SS#

DATE OF BIRTH

- Absence from the Municipality complete Section A
- Illness or Physical Disability complete Section B

Section A - Eligibility Reasons for an Absentee Ballot, please check the appropriate category below that applies:

- Any qualified registered and enrolled elector who expects to be or is absent from the municipality of his/her residence because his/her duties, occupation or business require him/her to be absent during the entire period that the polls are open;
- observance of religious holiday;
- county employee who cannot vote due to duties on Election Day.

Signature of Elector

Date

Section B - Illness or Physical disability

I expect to be unable to attend my proper polling place on the day of the coming primary or election because of illness or physical disability, the nature of which appears below:

Insert illness or disability here

Signature of elector

Date

(IF UNABLE TO SIGN COMPLETE LAST SECTION BELOW)

Name of Physician

Phone Number

Office Address

THE FOLLOWING IS 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 absentee ballot without assistance because I am unable to write by reason of my illness or physical disability. I have made, or received assistance in making, my mark in lieu of my signature.

Date

Signature of Witness

My Mark

Address of Witness

RETURN APPLICATION TO: CHESTER COUNTY VOTER SERVICES, 601 WESTTOWN RD., SUITE 150, P.O. BOX 2747, WEST CHESTER, PA 19380-0990

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.