New PA Voter Registration & Mail-in Ballot Application

With answers to Frequently Asked Questions



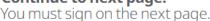
Pennsylvania <u>Voter Registration Application</u> & Mail-in Ballot Request

Download at vote.PA.gov

Use blue or black ink

Write your first and last name the way they Last name cable) appear on your ID. You may use your full Print your name 1 middle name, or just the initial. First name 8 are required on every application Eligibility Are you a citizen of the U.S.? Yes No If you answer "No" to 2 Will you be 18 years or older either question, you on or before Election Day? cannot register to vote **New registration** Mail-in voting ☐ Change of name Change of address Reason 3 Change of party Federal or State employee registering in county of last residence Birth date (required) Race About you Phone and email are optional 4 **Email** Phone and may be used to contact you about important information. Gender Female (F) ☐ Male (M) ■ Non-Binary / Other (X) Your municipality is where you pay local taxes. Not Addr Apt. number sure of your municipality? Go to munstats.pa.gov or Your address County leave it blank. If you do not have a street 5 address or a permanent I have lived at this addr County is required residence, use the map on the Municipality back. Students, see instructions. Voting district/precinct (if known) Ward (if known) ☐ I do not have a street address Same as above Mailing address for Address or P.O. Box Check box if address is the same as 6 Sections 1 voter registration #5 or fill in an alternate address. City/Town Identification PennDOT driver's license or ID card number If you have a PennDOT number Only ONE ID required. you must use it. If not please 7 Last four digits of your Social Security number provide the last four digits of our Social Security number. I do not have a Pennsylvania driver's license or a Social Security number Śee Verifying your identity. Political party ☐ Democratic Republican ☐ Green Libertarian ■ None (no affiliation) To vote in a primary, you 8 must register with either the Be aware that Pennsylvania has "Closed Primaries." Only Other Democratic or Republican party. voters registered in the Democratic or Republican parties may choose candidates in the state-run Primary. Name on previous registration If your name Full previous address and county or address has PA Voter No. (if available) Year changed Skip if this is the first time ☐ Transfer my Annual Ballot Request you are registering to vote. (By checking the box, you are requesting that you continue to maintain your annual ballot request status when updating your address.) ☐ I require help to vote. I need this kind of assistance: Complete if you will need help to Voting assistance 10 ☐ I require language help. My preferred language is: read or write on your ballot. I would like to be a poll worker on Election Day. Be a poll worker If you check either of these 11 I would like to be a bilingual interpreter on Election Day. I speak this language: boxes, your County elections office will contact you.

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Mail-in Ballot Request (optional)

If you do not wish to request a mail-in ballot, SKIP to the SIGNATURE.

		e deadline, you may not vote at your polling place on Election he deadline, you may surrender your mail ballot and the return envi		Voter's Declaration
to the judge of elections at you surrender, you may vote a pr	our polling	Only applies to you if you	have your mail ballot	materials to
I want to request a mail-in ballot (Optional)	12	☐ I want to receive a mail-in ballot for the next election. OR ☐ I want to receive mail-in ballots for the remainder of thi automatically receive an annual application for mail-in	s year, and I want to)
Mailing address for mail-in ballot	13	Please mail my ballot(s) to: Residential address in Section 5 Mailing address in Section 6 A different mailing address as follows: Address or P.O. Box City/Town	State	Zip
Declaration and signature	14	I declare that: I am a United States citizen and will have been a citizen for at least 1 will be at least 18 years old on the day of the next election. I will have lived at the address in Section 5 for at least 30 days be a milegally qualified to vote. If requesting mail-in ballots, I also declare that: I am eligible to vote by mail-in ballot at the forthcoming primary and the information. I am requesting the ballot of the part with which I am officiated. All of the information. I affirm that this informing that this information is not true. Signature or mark. Print your name. Today's date	y or election. SIGN & DA	ar conjetentian cocord
Help with this form Complete if you: Assisted a voter in completing the voter registration form. OR Witnessed a voter making a mark to sign this form	15	Declaration of voter making a mark to sign the form. I hereby state that I am unable to sign my application 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. To be completed by assistant or witness: Name Complete only if you had help with reading or writing on this application. Helper must complete here and sign.		
Instructions for Section How to show your addresure in a rural area and conditions, use the map to the right landmarks and road names.	ss on a lo not hav	e a street	• Library	not use this map. N Gas station
If you are homeless, use the myou spend most of your time. How to fill in the map: Write the names of the roads of to where you live. Draw an X to show where you live use a dot to show the location schools, churches, or stores, are	r streets n ve. of landma	earest VV E	School	Main St E

rural area without a street address or are unhoused.