## PA Mail-in or Absentee Ballot Application

## With Answers to Frequently Asked Questions

		Download at vote.PA.gov
	Pennsylvan	nia Application for Mail-in Ballot
	Print name Please print your name exactly as registered.	Write your first and last name the way they appear on your ID. You may use your full middle name, or just the initial.
tion	About you Phone and email are optional and used if information is missing on this form.	Birth date (required)  Birth date is required. Your email will be needed if you want to track your Mail-in Ballot or if the Elections Office needs to contact you.
Sections 1 - 6 are required on every application	Your address Please print your address exactly as registered. If your address has changed, you should first update your voter registration. The deadline to update your address is 15 days before the date of the next election.	Voting district or precinct (if known)  Municipality  Ward (if known)
	Where to mail ballot?	Same as above Address or PO Box  Complete #4 if you want to receive your MAIL-IN BALLOT at a different address from #3.  This address is my (e.g. vacation home, temporary residence, etc.)
	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 "Nec- essary Identification" instructions page.	
Se	Declaration	I declare that I am eligible to vote by mail-in ballot at the forthcoming price the party with which I am enrolled according to my voter registration reconnects on this mail-in ballot application is true and correct.  Voter signature here X  YOU MUST SIGN & DATE THE DECLARATION!  Date
	Annual mail-in request See "What is an annual mail-in ballot request?" for more information.	ann differential cation for mail-in ballots each year, please indicate below. If you update your voter registration due to relocation out of you submit an annual mail-in ballot request, please ensure your annual status is transferred when updating your address.
	Help with this form  Complete this section if you are unable to sign the declaration in Section 6.	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  Address of witness  Signature of witness X  Complete only if you had help with reading or writing on this application.  Helper must complete here and sign.

WARNING: If you receive a mail-in ballot and return your voted ballot by the deadline, you may not vote at your polling place on election day. If you are unable to return your voted mail-in ballot by the deadline, you may only vote a provisional ballot at your polling place on election day, unless you surrender your mail-in ballot and the return envelope containing the Voter's Declaration to the judge of elections to be voided to vote by regular ballot.