

APPLICATION FOR ABSENTEE BALLOT

Registration Information:

Mail Ballot to:

PLEASE PRINT NAME

STREET ADDRESS

CITY, STATE & ZIP CODE

DATE OF BIRTH

PHONE NUMBER

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\*\*\*You are now required to list a PA Driver's License Number, a Penn Dot ID# or the last four digits of your SS#. Please provide the proper # on the line

- ( ) Absence from the Municipality - COMPLETE SECTION A
( ) Illness or Physical Disability - COMPLETE SECTION B
( ) Military or Civilian Overseas Elector - COMPLETE SECTION A

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 Voter

Date

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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 voter

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

MAIL APPLICATION TO: CENTRE COUNTY ELECTIONS, 420 HOLMES ST., BELLEFONTE, PA 16823

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.