Pennsylvania Application for Mail-in Ballot



Print name Please print your name exactly as registered.	1	First name		Middle name or initial					
	•	Last name			□Jr	□Sr			□ı∨
About you Phone and email are optional and used if information is missing on this form.		Birth date (required)	Phone number						
	2	Email							
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.		Address (not P.O. Box)		Apt. r	number				
	3	City State PA 2	Zip	Coun	ty				
	3	Voting district or precinct (if known) Municipality		Ward	(if kno	wn)			
		I have lived at this address since							
Where to mail ballot?		☐Same as above Address or PO Box							
	4	<u>City</u> <u>S</u>	State	Zip					
	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.		PA driver's license or PennDOT ID card number							
	5	Last four digits of your Social Security number XXX-XX	_						
		□I do not have a PA driver's license or a PennDOT ID card or a Social Security number.							
Declaration	I declare that I am eligible to vote by mail-in ballot at the forthcoming primary or election; that I am requesting the bath the party with which I am enrolled according to my voter registration record; and that all of the information which I have on this mail-in ballot application is true and correct.								
		Voter signature here X				Date			
Annual mail-in request See "What is an annual	7	If you would like to apply to receive mail-in ballots for the remainder of annual application for mail-in ballots each year, please indicate below county after you submit an annual mail-in ballot request, please ensu	w. If you update your	voter re	egistrat	ion due t	o reloca	ation ou	t of
mail-in ballot request?" for more information.		☐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.		I hereby state that I am unable to sign my application for a mail-in reason of my illness or physical disability. I have made or have reason of my illness or physical disability.							
	8	Mark of voter X				Date			
		Address of witness							
		Signature of witness X							

How to submit your application:

Once your application is completed, you may **return it to your local county board of elections**. If you're unsure of where to mail your application, please visit **www.vote.pa.gov/county** for more information.

Deadline alert:

The **deadline to apply** for a mail-in ballot is 5:00PM on the Tuesday before the election. Please note your application must be **received** in the county board of election's office by that time. **Postmarks do not count**.

The deadline to return your completed ballot is 8:00PM on election day. Please note your completed ballot must be received by the county board of election's by that time. Postmarks do not count.

Necessary identification:

In order to apply for a mail-in ballot, you must supply your PA Driver's License or PennDOT issued photo ID card number in the Identification section. If you do not have a PA Driver's License or PennDOT issued photo ID card, you must supply the last four (4) digits of your Social Security number.

If you do not have a valid form of either of these types of identification, please check the box titled "I do not have a PA driver's license or a PennDOT ID card or a Social Security number" in the Identification section. If you choose this option, you must enclose a photocopy of an acceptable ID.

Please visit <u>www.vote.pa.gov/MailBallot</u> for more information, call **1-877-868-3772**, or contact your county board of elections.

What is an annual mail-in ballot request?

If you indicate you would like to be added to the annual mail-in ballot request list, you will receive an application to renew your request for mail-in ballot each year. Once your application is approved, you will automatically receive ballots for the remainder of the year and you do not need to submit an application for each election.

If you update your voter registration due to relocation out of county after you submit an annual mail-in ballot request, please ensure your annual status is transferred when updating your address.

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.

Questions?

Call the Delaware County Election Office at 1-610-891-4673.

For more information about voting, visit our website: www.vote.pa.gov

Información en español: Si le interesa obtener este formulario en español, llame al **1-877-868-3772**.

Mail your completed application to: 2501 Seaport Dr., Suite BH120, Chester, PA 19013