

Download The Application, Complete The Form And Mail To:

Registration & Elections  
 150 North Queen Street, Suite 102  
 Lancaster, PA 17603

NO. \_\_\_\_\_

**APPLICATION FOR ABSENTEE BALLOT**

**NOTE:** A Separate absentee ballot application must be submitted to your county board of elections for each primary or election.

<b>ALL VOTERS FILL OUT HERE</b>	(PLEASE PRINT NAME EXACTLY AS REGISTERED)
	(HOME ADDRESS)
	(POST OFFICE) (ZIP CODE) (COUNTY)
	(MUNICIPALITY) (WARD) (DISTRICT)
	(OCCUPATION) (DATE OF BIRTH)
	I have lived at this address since _____ State or Federal Government employees check here ( ).
	<b>MAIL BALLOT TO ME AT THE FOLLOWING ADDRESS</b>
	(STREET ADDRESS)
	(POST OFFICE) (STATE) (ZIP CODE)
	I HEREBY APPLY FOR AN ABSENTEE BALLOT FOR THE FOLLOWING REASON  <input type="checkbox"/> ABSENCE FROM THE MUNICIPALITY COMPLETE SECTION A <input type="checkbox"/> ILLNESS OR PHYSICAL DISABILITY COMPLETE SECTION B
<b>DUTIES, OCCUPATION, BUSINESS COMPLETE HERE</b>	<p><b>SECTION A - ABSENCE FROM THE MUNICIPALITY</b>          I declare that I am eligible to vote absentee at the forthcoming primary or election since I expect that my duties, occupation or business will require me to be absent from the municipality of my residence on the day of the primary or election for the reason stated below; and that all of the information which I have listed on this absentee ballot application is true and correct.</p> <p style="text-align: center;">(INSERT REASON FOR ABSENCE HERE)</p> <p style="text-align: center;">(DATE) (SIGNATURE OF ELECTOR)</p>
	<p><b>SECTION B - ILLNESS OR PHYSICAL DISABILITY</b>          I declare that I am eligible to vote absentee at the forthcoming primary or election due to the illness or physical disability stated below; that the information required to be listed pertaining to my attending physician is correctly stated herein and that all other information that I have listed on this absentee ballot application is true and correct.</p> <p style="text-align: center;">(INSERT ILLNESS OR DISABILITY HERE)</p> <p style="text-align: center;">(NAME OF PHYSICIAN) (PHONE NO.)</p> <p style="text-align: center;">(OFFICE ADDRESS)</p> <p style="text-align: center;">(DATE) (SIGNATURE OF ELECTOR)</p>
	<b>IF UNABLE TO SIGN COMPLETE REVERSE SIDE</b>
	<b>WARNING- IF YOU ARE ABLE TO VOTE IN PERSON ON ELECTION DAY, YOU <b>MUST</b> GO TO YOUR POLLING PLACE, VOID YOUR ABSENTEE BALLOT AND VOTE THERE.</b>