APPLICATION FOR ABSENTEE BALLOT

Registration Information:                                                Mail Ballot to:

PLEASE PRINT NAME

STREET ADDRESS

CITY, STATE & ZIP CODE

PHONE NUMBER                                                  DATE OF BIRTH

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

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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 ______________________________________

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 Elector                        Date

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 elector                        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.