

Mail-in or Absentee Ballot Application for Incarcerated Citizens

With Answers to
Frequently Asked Questions

Download at vote.PA.gov or call Elections Office.
PROBLEMS? Call 1-877-868-3772; also, informacion en Español.

Pennsylvania Application for Mail-in Ballot

07.2021

Sections 1 - 6 are required on every application

Print name

Please print your name exactly as registered.

1 First name
Last name

Write your first and last name the way they appear on your ID. You may use your full middle name, or just the initial.

About you

Phone and email are optional and used if information is missing on this form.

2 Birth date (required)
Email

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.

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.

3 Address (not P.O. Box)

City

Voting district or precinct (if known)

Municipality

Ward (if known)

I have lived at this address since

Use your legal HOME ADDRESS, even if incarcerated. Search for your municipality at munstats.pa.gov.

Where to mail ballot?

4 ☐ Same as above Address or PO Box

City

This address is my (e.g. vacation home, temporary residence, etc.)

Use the address of where you want to receive the Absentee ballot. If incarcerated, use the address of the penal institution.

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 "Necessary Identification" instructions page.

5 PA driver's license or PennDOT ID card number

Last four digits of your Social Security number X X X X

☐ I do not have a PA driver's license or a PennDOT ID card or a Social Security number.

Only ONE ID required.
See VoteRiders.org for help with valid ID.

Declaration



6 I declare that I am eligible to vote by mail-in ballot at the forthcoming primary election, the party with which I am enrolled according to my voter registration record on this mail-in ballot application is true and correct.

Voter signature here X

Date

YOU MUST SIGN & DATE
THE DECLARATION!

Annual mail-in request

See "What is an annual mail-in ballot request?" for more information.

7 If you want to apply to receive mail-in ballots for the remainder of this year and if you would like to automatically receive an annual application for mail-in ballots each year, please indicate below. 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.

☐ 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.

8 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.