EMERGENCY APPLICATION FOR ABSENTEE BALLOT

(For Emergencies That Occur After 5:00 P.M. on the Friday Before the Primary or Election)

ALL VOTERS FILL OUT HERE	I, declare that I am a voter
	ofCounty, Pennsylvania, and that I am a qualified and registered elector
	at my home address which is
	(POST OFFICE AND/OR ZIP CODE)
	in the Ward, District, of the that I have resided in this voting
	district since and that I am entitled to vote therein this primary or election.
	My occupation is My date of birth is (If employee of the Commonwealth or Federal Government qualified to vote without street address, check here.
	(if employee of the Commonwealth of Federal Government quantied to vote without street address, check here. □)
	Place PA Driver's License (DL) or PennDOT ID # Here if you have one: If no PA DL or PennDOT ID # Place SS# (last 4 digits) here:
	I DO NOT have a PA Driver's License or Social Security Number. (A copy of an acceptable ID must be provided
	with this application. Please see www.VotesPA.com or call your county board of elections regarding acceptable IDs). MAIL BALLOT TO ME AT THE FOLLOWING ADDRESS, IF APPLICABLE:
	MANE BREEST TO ME AT THE TOLLOWING ABBRESS, IT ATTENDED.
DUTIES, OCCUPATION, BUSINESS COMPLETE HERE	ABSENCE FROM THE MUNICIPALITY
	I expect to be absent from the municipality of my residence on the day of the election/primary because of duties, occupation or business, which fact was not and could not be known to me on or before 5:00 P.M. on the Friday
	prior to the election.
	(DATE OF SIGNING) (SIGNATURE OF VOTER)
DI CCCI BU COI	Sworn and subscribed before me this day of 20
0	(STATE TITLE OF OFFICE, NOTARY PUBLIC, ETC. AFFIX SEAL)
	ILLNESS OR PHYSICAL DISABILITY
ILLNESS OR PHYSICAL DISABILITY COMPLETE HERE	I expect to be unable to attend my proper polling place on the day of the election/primary because of illness or physical disability. The nature of which appears below:
	physical disability. The nature of which appears below:
	(INSERT DISABILITY OR ILLNESS HERE)
	(DATE OF SIGNING) (SIGNATURE OF VOTER)
	I hereby attest that the physical disability or illness of above elector occurred at a time when he was unable to apply for an absentee ballot, on or before 5:00 P.M. on the Friday prior to the election.
	(SIGNATURE OF PHYSICIAN)
	Sworn and subscribed before me this day of 20
CTT	
	(STATE TITLE OF OFFICE, NOTARY PUBLIC, ETC. AFFIX SEAL)
	The following 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 an absentee 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.
	(DATE) (MARK)
	(COMPLETE ADDRESS OF WITNESS) (SIGNATURE OF WITNESS)
	NOTE: Electors requiring assistance in voting must procure Special Form from the county Board of Elections to transmit with this application.
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.	
Authorized by	

Printed Name of Judge

Date

Signature of the Judge of the Court of Common Pleas