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.

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

(PLEASE PRINT NAME EXACTLY AS REGISTERED)

(HOME ADDRESS)

(POST OFFICE) (ZIP CODE) BUCKS (COUNTY)

(MUNICIPAILTY) (WARD) (DISTRICT)

(OCCUPATION) (DATE OF BIRTH)

I have lived at this address since: _____

State or Federal Government employees, check here: ☐

MAIL BALLOT TO ME AT THE FOLLOWING ADDRESS

(STREET ADDRESS)

(POST OFFICE) (STATE) (ZIP CODE)

I HEREBY APPLY FOR AN ABSENTEE BALLOT FOR THE FOLLOWING REASON:

☐ ABSENCE FROM THE MUNICIPALITY COMPLETE SECTION A

☐ ILLNESS OR PHYSICAL DISABILITY COMPLETE SECTION B

SECTION A - ABSENCE FROM THE MUNICIPALITY

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.

(INSERT REASON FOR ABSENCE HERE)

(DATE) (SIGNATURE OF ELECTOR)

SECTION B - ILLNESS OR PHYSICAL DISABILITY

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.

(INSERT ILLNESS OR DISABILITY HERE)

(NAME OF PHYSICIAN) (PHONE NO.)

(OFFICE ADDRESS)

(DATE) (SIGNATURE OF ELECTOR)

The following is to be completed **ONLY** if the 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 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 a special form from the County Board of Elections to transmit with this application.

Mail to: **County Board of Elections**
Bucks County Courthouse
55 East Court Street
Doylestown, PA 18901