

# M Pennsylvania Application for Mail-In Ballot

## Print your name

Please print your name exactly as you registered to vote.

1

Last name \_\_\_\_\_

Jr Sr II III IV (circle if applicable) \_\_\_\_\_

First name \_\_\_\_\_

Middle name or initial \_\_\_\_\_

## About you

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

2

Birth date

M	M	/	D	D	/	Y	Y	Y	Y
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Phone

				-									
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Email \_\_\_\_\_

## Your address

Please print your address exactly as you registered to vote.

3

Address (not P.O. Box) \_\_\_\_\_

Apt. number \_\_\_\_\_

City/Town \_\_\_\_\_

State PA

Zip code

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Municipality \_\_\_\_\_

County \_\_\_\_\_

Ward (if known) \_\_\_\_\_

Voting district (if known) \_\_\_\_\_

I have lived at this address since: \_\_\_\_\_

## Where to mail ballot?

4

Same as above Address or P.O. Box \_\_\_\_\_

City/Town \_\_\_\_\_

State

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Zip code

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## 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" on Page 2.

5

PA driver's license or PennDOT ID card number

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Last four digits of your Social Security number

X X X - X X -

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

## Declaration

6

I declare that I am eligible to vote by mail-in ballot at the forthcoming primary or election; that I am requesting the ballot of the party with which I am enrolled according to my voter registration record; and that all of the information which I have listed on this mail-in ballot application is true and correct.

Voter signature here X \_\_\_\_\_

Date \_\_\_\_\_

## Annual mail-in request

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

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If you would like 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.

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 \_\_\_\_\_

Date \_\_\_\_\_

Address of witness \_\_\_\_\_

Signature of witness X \_\_\_\_\_