

Absentee Ballot Application Instructions

Once you have printed the Absentee Ballot Application:

Complete all required information on the Application.

You must supply your PA Driver's License number or PennDOT issued Pennsylvania photo identification card (PennDOT photo ID) number in the blocks provided. If you do not have a driver's license number or PennDOT photo ID number you must supply the last 4 digits of your Social Security Number.

If you do not have either of these types of identification please check the box entitled, I DO NOT have a PA Driver's License, PennDOT ID # or SS#. You must enclose a photocopy of an acceptable ID. Please see www.VotesPA.com, call 1-877-VotesPA (1-877-868-3772) or contact your county board of elections regarding acceptable ID's.

Return the Application to your local County Board of Elections. (The address and telephone number for your local County Board of Elections may be found using the *County Information Link* at www.VotesPA.com.)

Once you have printed the Absentee Ballot Application:

1. Complete all required information on the Application.
2. Return the Application to your local County Board of Elections:

Westmoreland County Election Bureau
2 N Main Street, Suite 109
Greensburg, PA 15601

Absentee Voting Deadlines Are As Follows:

Applications: The last day to apply for a civilian absentee ballot is 5:00PM on **Tuesday October 31, 2017** – please note that POSTMARKS DO NOT APPLY and original applications must be received (no facsimiles or emails).

Voted Ballots: All civilian voted ballots must be returned to the County Board of Elections Office by 5:00PM on **Friday, November 3, 2017** – please note that POSTMARKS DO NOT APPLY. If hand delivering, only the actual voter may return their ballot.

APPLICATION FOR ABSENTEE BALLOT

NOTE: A separate absentee ballot application must be submitted to your county board of elections for each primary or election.

ALL VOTERS FILL OUT HERE

(PLEASE PRINT NAME EXACTLY AS REGISTERED)		
(HOME ADDRESS)		
(ZIP CODE)	(COUNTY)	
(MUNICIPALITY- If known)	(WARD – If known)	(DISTRICT- If known)
(OCCUPATION)	(DATE OF BIRTH)	
I have lived at this address since _____		
State or Federal Government employees check here ().		
Place PA Driver's License (DL) or PennDOT ID # Here if you have one:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	If no PA DL or PennDOT ID # Place SS# (last 4 digits) here: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> I DO NOT have a PA DL #, PennDOT ID # or SS#. (A copy of an acceptable ID must be provided with this application. Please see www.VotesPA.gov or call your county board of elections regarding acceptable IDs).		
<u>MAIL BALLOT TO ME AT THE FOLLOWING ADDRESS:</u>		
(STREET ADDRESS)		
(CITY, TOWN or BOROUGH)	(STATE)	(ZIP CODE)
I HEREBY APPLY FOR AN ABSENTEE BALLOT FOR THE FOLLOWING REASON:		
<input type="checkbox"/> ABSENCE FROM THE MUNICIPALITY COMPLETE SECTION A	<input type="checkbox"/> 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)		
(SIGNATURE OF ELECTOR)		(DATE)
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 PHYSICAL ILLNESS OR DISABILITY HERE)		
(NAME OF PHYSICIAN)		(PHONE NO.)
(OFFICE ADDRESS)		
(SIGNATURE OF ELECTOR)		(DATE)
IF UNABLE TO SIGN COMPLETE SECTION C		
SECTION C		
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.		

DUTIES, OCCUPATION, BUSINESS COMPLETE HERE

ILLNESS OR PHYSICAL DISABILITY COMPLETE HERE