ABSENTEE BALLOT APPLICATION INSTRUCTIONS

Please complete application; then sign your name, place application in an envelope and mail to our office.

Bucks County Board of Elections
55 East Court Street
Doylestown PA 18901

The required fields are:

Your Name
Your Bucks County Street Address
Your Date of Birth
Your PA Driver's License # or PennDOT ID #,
or the last four digits of your SSN #,
or a photocopy of an acceptable ID
(see below or at www.VotesPA.com).
The Address - Where to Mail Ballot
The Reason Absentee Ballot Needed
Your Signature

Photo ID required -

All photo IDs **must** be current and contain an expiration date, unless noted otherwise.

Acceptable IDs include:

Photo IDs issued by the U.S. Federal Government or the Commonwealth of Pennsylvania:

- Pennsylvania driver's license or non-driver's license photo ID
  (IDs are valid for voting purposes 12 months past expiration date)
- Valid U.S. passport (not expired)
- U.S. military ID - active duty and retired military (a military or veteran's ID must designate an expiration date or designate that the expiration date is indefinite). Military dependents' ID must contain an expiration date
- Employee photo ID issued by Federal, PA, County or Municipal government (not expired)
- Photo ID cards from an accredited public or private Pennsylvania college or university (not expired)
- Photo ID cards issued by a Pennsylvania care facility, including long-term care facilities, assisted living residences or personal care homes (not expired)

Absentee Voting Deadlines Are As Follows:

Applications: The last day to apply for a civilian absentee ballot is 5:00 PM on the Tuesday before the primary or election - please note that **POSTMARKS DO NOT APPLY** and that **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 5:00 PM on the Friday before the primary or election - **please note that POSTMARKS DO NOT APPLY. If hand delivering, only the actual voter may return their ballot.**

Please call our office with any questions: Board of Elections - 215-348-6154
Voter Registration - 215-348-6163

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 COMPLETE HERE

Please Print Name: _____

Home Street Address: _____

City-State-Zip: _____

Date of Birth: _____ County: _____

Municipality and Ward/District (if known): _____ I have Lived at this Address since: _____

Daytime Phone: _____ E-Mail: _____

Place PA Driver's License (DL) or PennDOT ID # here if you have one: _____

If no PA DL or PennDOT ID #, place *last four digits* of Social Security # here: _____

☐ I DO NOT have a PA DL, PennDOT ID, or SS #. (A photocopy of an acceptable ID must be provided with this application. Please see www.VotesPA.com or call your county board or elections regarding acceptable IDs.)

MAIL BALLOT TO ME AT THE FOLLOWING ADDRESS

Mailing Address Line 1: _____

Mailing Address Line 2: _____

City-State-Zip: _____

I HEREBY APPLY FOR AN ABSENTEE BALLOT FOR THE FOLLOWING REASON

☐ ABSENCE FROM THE MUNICIPALITY COMPLETE AND SIGN SECTION A

☐ ILLNESS OR PHYSICAL DISABILITY COMPLETE AND SIGN SECTION B

State or Federal Government Employees check here: ☐

This Space for Official Use Only Please

DUTIES, OCCUPATION, BUSINESS COMPLETE HERE

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 the information which I have listed on this absentee ballot application is true and correct.

Insert Reason for Absence here: _____

Signature of Elector: (your signature) _____ Date: _____

ILLNESS OR PHYSICAL DISABILITY COMPLETE HERE

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 I have listed on this absentee ballot application is true and correct.

Insert Illness or Physical Disability here: _____

Name of Physician: _____ Phone: _____

Office Address: _____

Signature of Elector: (your signature) _____ Date: _____

IF UNABLE TO SIGN COMPLETE SECTION C

SECTION C - UNABLE TO SIGN

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 of Elector: _____ Signature of Witness: _____

Complete Address 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.