

Permanent Mail-in Voter's Annual Application to Vote by Mail for 2021 Elections

By completing this form, you will be sent a mail-in ballot for all elections for which you are eligible in 2021

Print your name Please print your name exactly as you registered to vote.	1	Last name _____ Suffix _____ 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 _____ Phone _____ Email _____
Your address Please print your address exactly as you registered to vote. If your address has changed, please complete a voter registration application either online or submit it with this form.	3	Address (not P.O. Box) _____ City/Town _____ State PA Zip code _____ Municipality _____ County _____ Ward (if known) _____ Voting district (if known) _____ I have lived at this address since: _____
Where to mail ballot?	4	<input type="checkbox"/> Same as above Address or P.O. Box _____ City/Town _____ State _____ Zip code _____ This address is my (e.g., vacation home, temporary mailing address, etc.) _____
Identification If you have a PennDOT number, you must use it. If not, please provide the last four digits of your Social Security number.	5	PA driver's license or PennDOT ID card number _____ Last four digits of your Social Security number X X X - X X - <input type="checkbox"/> I do not have a PA driver's license or a PennDOT ID card or a Social Security number.
Declaration Sign and date this section.	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 _____
Help with this form Complete this section if you are unable to sign the declaration in Section 6.	7	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 _____

IMPORTANT WARNING: If you receive a mail-in ballot and return your voted ballot by the deadline, you may not vote at your polling place on election day. If you are unable to return your voted mail-in ballot by the deadline, you may only vote a provisional ballot at your polling place on election day, unless you surrender your mail-in ballot and envelope to the judge of elections to be voided to vote by regular ballot.