

APPLICATION FOR ABSENTEE BALLOT

Mail ballot to:

PLEASE PRINT NAME AS REGISTERED

STREET ADDRESS

STREET ADDRESS

RESIDENTIAL ADDRESS

POST OFFICE & ZIP

POST OFFICE & ZIP CODE

OCCUPATION

DATE OF BIRTH

() Complete Section A

() Illness or Physical Disability

() 1 () 2 () 3

Complete Section B

Section A

- (1) expect to be absent from my municipality on the day of the coming primary or election because of duties, occupation or business;
- (2) observance of religious holiday;
- (3) county employee who cannot vote due to duties on election day.

Signature of Elector

Date

Section B - Illness or Physical disability

I expect to be unable to attend my proper polling place on the day of the coming primary or election because of illness or physical disability, the nature of which appears below:

Insert illness or disability here

Signature of elector

Date

(IF UNABLE TO SIGN COMPLETE LAST SECTION BELOW)

Name of Physician

Phone Number

Office Address

THE FOLLOWING IS 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 absentee ballot without assistance because I am unable to write by reason of my illness or physical disability. I have made, or received assistance in making, my mark in lieu of my signature.

Date

Signature of Witness

My Mark

Address of Witness

RETURN APPLICATION TO: CHESTER COUNTY VOTER SERVICES, 601 WESTTOWN RD., SUITE 150, P.O. BOX 2747, WEST CHESTER, PA 19380-0990

FIRST TIME VOTERS TO CHESTER COUNTY MUST SUBMIT A COPY OF PHOTO I.D. WITH ABSENTEE BALLOT APPLICATION