



# The Primary Election Is On May 19<sup>th</sup>. Can't get to the polls? No Problem. You Can Vote By Absentee Ballot. Here's How...

Any registered voter who is away at school, out of their voting precinct, or physically unable to vote in person, can vote by Absentee Ballot.

1. Use the enclosed application to request your Absentee Ballot. (or [http://www.chesco.org/election/lib/election/pdf/absentee\\_app.pdf](http://www.chesco.org/election/lib/election/pdf/absentee_app.pdf)) (This is a two step process. First, you must apply for the ballot, then, after it is received you must send it back - see #3 below.)
2. Send your application ASAP to:  
**Chester County Voter Services**  
**601 Westtown Road, Suite 150**  
**PO Box 2747**  
**West Chester, PA 19380-0990**  
 (Deadline is May 12 - but that may not give you enough time to return your actual ballot before its deadline of May 15.)
3. Voter Services will mail you your ballot shortly before the election. When you receive your ballot in the mail, look it over carefully, cast your votes, **sign your registered name** and then **IMMEDIATELY** mail it back to Voter Services so they receive it long before the deadline of Friday, May 15 by 5pm. (Please note that POSTMARKS DO NOT APPLY. If hand delivering, ONLY the ACTUAL VOTER may deliver the ballot!)
4. You must supply your **PA Driver's License # OR PennDot issued photo ID #**. If you do not have either of those, you must supply the last 4 digits of your Social Security number. If you do NOT have any of these types of ID, please check the box entitled "I DO NOT have a PA DL#, PennDOT ID#, or SS#". You **MUST** enclose a photocopy of an acceptable ID.

### PLEASE NOTE:

*your name needs to be exactly as it appears on your voter registration card.*

**All voters must submit proof of ID**  
 For assistance getting proper ID email [info@chescodems.org](mailto:info@chescodems.org) or call 610-692-5811

*Sign in the appropriate spot. Signature must match your voter registration card.*

*Fill in the address where you want your ballot mailed (students - use your school address).*

*Check & explain why you will be absent*

**Don't have your voter registration card? Unsure of how your name appears? Call Voter Services at 610-344-6410.**

APPLICATION FOR ABSENTEE BALLOT

NOTE : A separate absentee ballot application must be submitted to your county board of elections fo

ALL VOTERS FILL OUT HERE

(PLEASE PRINT NAME EXACTLY AS REGISTERED)

(HOME ADDRESS)

(ZIP CODE)

(PHONE NUMBER)

(OCCUPATION)

I have lived at this address since \_\_\_\_\_  
 State or Federal Government employees check here ( EMAIL ADDRESS (Optional) \_\_\_\_\_

Place PA Driver's License (DL) or PennDOT ID # [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] If no PA DL or PennDOT ID # Place SS# (last 4 digits) [ ] [ ] [ ] [ ]

I DO NOT have a PA DL #, PennDOT ID # (or SS#). If an acceptable ID must be provided, application. Please visit [www.PA.com](http://www.PA.com) or call your county board of elections regarding accepta

MAIL BALLOT TO ME AT THE FOLLOWING ADDRESS: \_\_\_\_\_

(STREET ADDRESS)

(CITY, TOWN OR BOROUGH) (STATE)

I HEREBY APPLY FOR AN ABSENTEE BALLOT FOR THE FOLLOWING REASON:

ABSENCE FROM THE MUNICIPALITY  ILLNESS OR PHYSICAL DISABILITY

COMPLETE SECTION A COMPLETE SE

SECTION A - ABSENCE FROM THE MUNICIPALITY  
 I declare that I am eligible to vote absentee at the forthcoming primary or election in my business will require me to be absent from the municipality of my residence on the day o stated below; and that all of the information which I have listed on this absentee ballo

(INSERT REASON FOR ABSENCE HERE)

(SIGNATURE OF ELECTOR)

SECTION B - ILLNESS OR PHYSICAL DISABILITY  
 I declare that I am eligible to vote absentee at the forthcoming primary or election due below; that the information required to be listed pertaining to my attending physician i information that I have listed on this absentee ballot application is true and correct.

(INSERT PHYSICAL ILLNESS OR DISABILITY HERE)

(NAME OF PHYSICIAN)

(OFFICE ADDRESS)

(SIGNATURE OF ELECTOR)

IF UNABLE TO SIGN COMPLETE SECTION C

SECTION C  
 The following to be completed if applicant is unable to sign because of illness or physi unable to sign my application for an absentee ballot without assistance because I am una physical disability. I have made, or have received assistance in making my mark in lieu

(DATE)

(COMPLETE ADDRESS OF WITNESS)

NOTE: Electors requiring assistance in voting must procure Special Form from the county this application.

**WARNING - IF YOU ARE ABLE TO VOTE IN PERSON ON ELECTION DAY, MOST GO TO YOUR POLLING PLACE, VOID YOUR ABSENTEE BALLOT AND VOTE THERE.**

DUTIES, OCCUPATION, BUSINESS COMPLETE HERE

ILLNESS OR PHYSICAL DISABILITY COMPLETE HERE