Pennsylvania Application for Mail-In Ballot

Print your name
Please print your name exactly as you registered to vote.

1

Last name

Jr Sr II IV (circle if applicable)

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

Email

Your address
Please print your address exactly as you registered to vote.

3

Address (not P.O. Box)

City/Town

State PA

Municipality

Zip code

Ward (if known)

County

Voting district (if known)

I have lived at this address since:

Where to mail ballot?

4

Same as above

Address or P.O. Box

City/Town

State

Zip code

Identification
If you have a PennDOT number, you must use it. If not, please provide the last four digits of your Social Security number. See “Necessary Identification” on Page 2.

5

PA driver's license or PennDOT ID card number

Last four digits of your Social Security number X X X - X X

I do not have a PA driver's license or a PennDOT ID card or a Social Security number.

Declaration
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.

6

Voter signature here X

Date

Annual mail-in request
See "What is an annual mail-in ballot request?" for more information.

7

If you would like to apply to receive mail-in ballots for the remainder of this year and if you would like to automatically receive an annual application for mail-in ballots each year, please indicate below.

I would like to receive mail-in ballots this year and receive annual applications for mail-in ballots each year.

Help with this form
Complete this section if you are unable to sign the declaration in Section 6.

8

Mark of voter X

Address of witness

Signature of witness X

DOS-12/2019