



Pennsylvania Application for On-Demand Mail-in Ballot

MOD

Use blue or black ink

REQUIRED**Print your name****1****Last name**

Jr Sr II III IV (circle if applicable)

First name**Middle name or initial****About you**

Phone and email are optional and may be used to contact you about important information.

2**Birth date****Phone (optional)****Email (optional)****Your address**

Please print your address exactly as registered. If your address has changed, you should first update your voter registration. The deadline to update your address is 15 days before the date of the next election.

3**Address (not P.O. Box)****Apt. number****City/Town****State** PA**ZIP Code****I have lived at this address since****Voting district or precinct (if known)****Identification**

If you have a PennDOT number you must use it. If not please provide the last four digits of your Social Security number.

4**PennDOT driver's license or ID card number****Last four digits of your Social Security number** x x x - x x -☐ **I do not have a Pennsylvania driver's license or a Social Security number****Declaration and signature****5**

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; that I am requesting my ballot to be delivered at the office in which this application is presented; all of the information which I have listed on this mail-in ballot application is true and correct.

Voter signature here X**Today's date****Annual mail-in request**

An optional selection for future elections.

6

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. If you update your voter registration due to relocation out of county after you submit an annual mail-in ballot request, please ensure your annual status is transferred when updating your address.

☐ **I would like to receive mail-in ballots this year and receive annual applications for mail-in ballots each year. It should be sent to my voter registration address, unless I fill out the mailing address lines below.****Address (not P.O. Box)****Apt. number****City/Town****State****ZIP Code****Help with this form**

Fill in if someone helped you with this form or witnessed you make a mark for your signature.

7**Mark of voter X****Date****Address of witness****Signature of witness X****FOR COUNTY USE ONLY:
Manual ID Verification**

This section is to be used by your county election office's staff to indicate whether or not they manually inspected a form of identification.

☐ **By checking this box, I confirm that I manually verified that the applicant provided a proper Pennsylvania Driver's License, Social Security Card, or other valid photo identification listed in Section 102 of the Election Code, 25 P.S. § 2602(z.5)(3).****Initials of County Election Employee**

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 the return envelope containing the Voter's Declaration to the judge of elections to be voided to vote by regular ballot.