

# APPLICATION FOR ABSENTEE BALLOT

NOTE: A separate absentee ballot application must be submitted to your county board of elections for each and every election.

<b>ALL VOTERS COMPLETE HERE</b>	Please Print Name: _____ Home Street Address: _____ City-State-Zip: _____ Date of Birth: _____ I have Lived at this Address since: _____ _____ Daytime Phone: _____ E-Mail: _____ <b>Place PA Driver's License (DL) or PennDOT ID # here if you have one:</b> _____ <b>If no PA DL or PennDOT ID #, place last four digits of Social Security # here:</b> _____ <input type="checkbox"/> I DO NOT have a PA DL, PennDOT ID # or #. (A photocopy of an acceptable ID must be provided with this application. Please see <a href="http://www.VotesPA.com">www.VotesPA.com</a> or call your county board or elections regarding acceptable IDs.)
	MAIL BALLOT TO ME AT THE FOLLOWING ADDRESS Mailing Address Line 1: _____ Mailing Address Line 2: _____ City-State-Zip: _____
<b>DUTIES, OCCUPATION, BUSINESS COMPLETE HERE</b>	<b>I HEREBY APPLY FOR AN ABSENTEE BALLOT FOR THE FOLLOWING REASON</b> <input type="checkbox"/> ABSENCE FROM THE MUNICIPALITY COMPLETE AND SIGN SECTION A <input type="checkbox"/> ILLNESS OR PHYSICAL DISABILITY COMPLETE AND SIGN SECTION B State or Federal Government Employees check here: <input type="checkbox"/>
	SECTION A - ABSENCE FROM THE MUNICIPALITY I declare that I am eligible to vote absentee at the forthcoming primary or election since I expect that my duties, occupation or business will require me to be absent from the municipality of my residence on the day of the primary or election for the reason stated below; and that all the information which I have listed on this absentee ballot application is true and correct. Insert Reason for Absence here: _____ <b>Signature of Elector:</b> _____ <b>Date:</b> _____ (your signature)
<b>ILLNESS OR PHYSICAL DISABILITY COMPLETE HERE</b>	SECTION B - ILLNESS OR PHYSICAL DISABILITY I declare that I am eligible to vote absentee at the forthcoming primary or election due to the illness or physical disability stated below; that the information required to be listed pertaining to my attending physician is correctly stated herein and that I have listed on this absentee ballot application is true and correct. Insert Illness or Physical Disability here: _____ Name of Physician: _____ Phone: _____ Office Address: _____ <b>Signature of Applicant:</b> _____
	SECTION C - UNABLE TO SIGN The following 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 an absentee 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. Date: _____ Mark of Elector: _____ Signature of Witness: _____ Complete Address of Witness: _____

This Space for Official Use Only Please

NOTE: Electors requiring assistance in voting must procure Special Form from the county Board of Elections to transmit with this application.

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

**John M. Amato**  
*Chairman*  
**John Christopher Soff**  
*Vice-Chairman*  
**Francis F. Weiderspahn, Jr.**  
*Secretary/Treasurer*  
**Crawford County Board of  
Elections**  
(814)-333-7400



**Rebecca Little**  
*Director of Election and Voter  
Services*  
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(814) 333-7307

**Keith Button**  
*Solicitor*  
(814)724-4540

903 Diamond Park

Meadville, PA 16335

## **ELECTION & VOTER SERVICES OFFICE OF CRAWFORD COUNTY**

Crawford County Voter,

Your **APPLICATION** for an Absentee Ballot is on the back of this instruction page. Please be sure to take note of the specific requirements listed below before beginning your application. You must complete the entire absentee application before it can be accepted and your ballot mailed.

1. Your **NAME and ADDRESS** where you are registered to vote.
2. Fill in: **THE ADDRESS TO MAIL YOUR BALLOT TO** (if it is different from your regular home address)
3. The application **MUST LIST A REASON** for requesting an absentee ballot
4. It must have the last **4 digits of your social security or your complete driver's license number** listed
5. **YOU MUST SIGN and DATE** this application.
6. **YOU CANNOT USE PENCIL** to complete this application- it **MUST** be completed in **BLACK or BLUE INK**

Absentee Ballot **Applications** must be received **NO EARLIER THAN—Monday, April 1, 2019** and **NO LATER THAN Tuesday, Tuesday May 14, 2019 BY 4:30 P. M.**

\*\*\*After we receive and process your application, a **ballot** will be **mailed to the requested mailing address as soon as a ballot is available. The ballot must be received NO LATER THAN Friday, May 17, 2019 by 5:00 PM EST.** \*\*\*

**HAND DELIVERED BALLOTS CAN ONLY BE ACCEPTED IN THE ELECTIONS OFFICE FROM THE VOTER.**

If you have any further questions or need assistance please do not hesitate to contact me at (814) 333-7307 or via email at [rlittle@co.crawford.pa.us](mailto:rlittle@co.crawford.pa.us).