

**APPLICATION FOR ABSENTEE BALLOT**  
**NOTE:** This application is valid for only one election.

**ALL VOTERS FILL OUT HERE**

**ABSENTEE FROM MUNICIPALITY COMPLETE HERE**

**ILLNESS OR PHYSICAL DISABILITY COMPLETE HERE**

**DEADLINES AND REMITTANCE INFORMATION**

(PLEASE PRINT REGISTERED NAME)		
(HOME ADDRESS)		
(CITY)	(ZIP CODE)	(COUNTY)
(OCCUPATION)		(DATE OF BIRTH)
(PHONE OR EMAIL CONTACT INFORMATION FOR QUESTIONS REGARDING THIS APPLICATION)		
<b><u>MAIL BALLOT TO ME AT THE FOLLOWING ADDRESS</u></b> (IF DIFFERENT FROM ABOVE)		
(STREET ADDRESS)		
(CITY)	(STATE)	(ZIP CODE)
<b>I HEREBY APPLY FOR AN ABSENTEE BALLOT FOR THE FOLLOWING REASON:</b>		
<input type="checkbox"/>	ABSENCE FROM THE MUNICIPALITY COMPLETE SECTION A	<input type="checkbox"/> ILLNESS OR PHYSICAL DISABILITY COMPLETE SECTION B
<b>SECTION A – ABSENCE FROM THE MUNICIPALITY</b>		
I declare that I am eligible to vote absentee at the forthcoming primary or election since I expect 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 of the information which I have listed on this absentee ballot application is true and correct.		
(INSERT REASON FOR ABSENCE HERE)		
(DATE)		(SIGNATURE OF VOTER)
<b>SECTION B – ILLNESS OR PHYSICAL DISABILITY</b>		
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 illness is correctly stated herein and that all other information that I have listed on this absentee ballot application is true and correct.		
(INSERT PHYSICAL ILLNESS OR DISABILITY HERE)		
(DATE)		(SIGNATURE OF VOTER)
<b>IF UNABLE TO SIGN COMPLETE SECTION C</b>		
<b>SECTION C – COMPLETE ONLY IF UNABLE TO SIGN SECTION B</b>		
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)
(COMPLETE ADDRESS OF WITNESS)		(SIGNATURE OF WITNESS)
<b>ABSENTEE VOTING DEADLINES ARE AS FOLLOWS:</b>		
<b>APPLICATIONS:</b> The last day to apply for a civilian absentee ballot is 5:00 PM on the Tuesday <u>before</u> the election ~ please note that POSTMARKS DO NOT APPLY and original applications must be received (no facsimiles or emails).		
<b>VOTED BALLOTS:</b> All civilian voted ballots must be returned to the County Board of Elections Office by 5:00 PM on the Friday before the election ~ please note that POSTMARKS DO NOT APPLY. If hand delivering, only the actual voter may return their ballot.		
Please remit to: <b>MONTGOMERY COUNTY ELECTION BOARD</b> PO Box 311 · Norristown, PA 19404 Phone · 610-278-3275		
<b>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.</b>		