



# The General Election Is On Nov 5<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://pa-chestercounty.civicplus.com/DocumentCenter/View/3061>) (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 to apply is Tuesday, Oct 29<sup>th</sup> - but that may not give you enough time to receive and return your actual ballot before its deadline of Friday, Nov 1<sup>st</sup>.)*
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, Nov 1<sup>st</sup> 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 still need to enclose a photocopy of an acceptable ID. Your voter registration card will suffice. For assistance getting proper ID call 610-692-5811..

**In November 2018 almost 500 Democratic absentee ballots were not counted. They arrived after the deadline. Do not let this happen to your vote. Mail your ballot at least one week previous to the deadline. Or pay for expedited delivery.**

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

**ALL VOTERS FILL OUT HERE**

(PRINT FULL NAME)  
 (ZIP CODE) (HOME ADDRESS - include city, town or borough)  
 (COUNTY) (ELECTION DISTRICT - if known)  
 I have lived at this address since (OCCUPATION) (DATE OF BIRTH)  
 State or Federal Government employees check here ( ) (PHONE NUMBER OR EMAIL ADDRESS (Optional))

Place PA Driver's License (DL) or PennDOT ID # Here if you have one: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 If no PA DL or PennDOT ID # Place SS# (last 4 digits) here: [ ] [ ] [ ] [ ]

I DO NOT have a PA DL #, PennDOT ID # or SS#. (A copy of an acceptable ID must be provided with this application. Please see [www.VotesPA.com](http://www.VotesPA.com) or call your county board of elections regarding acceptable IDs).

MAIL BALLOT TO ME AT THE FOLLOWING ADDRESS:  
 (CITY, TOWN, or BOROUGH) (STREET ADDRESS) (STATE) (ZIP CODE)

I HEREBY APPLY FOR AN ABSENTEE BALLOT FOR THE FOLLOWING REASON:  
 ABSENCE FROM THE MUNICIPALITY COMPLETE SECTION A  
 ILLNESS OR PHYSICAL DISABILITY COMPLETE SECTION B

**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 of the information which I have listed on this absentee ballot application is true and correct.  
 (SIGNATURE OF ELECTOR) (INSERT REASON FOR ABSENCE HERE) (DATE)

**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 all other information that I have listed on this absentee ballot application is true and correct.  
 (INSERT ILLNESS OR PHYSICAL DISABILITY HERE) (NAME OF PHYSICIAN) (PHONE NO.) (OFFICE ADDRESS) (DATE)

**SECTION C**  
 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 applicable signature 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 signature.  
 (DATE) (MARK)

NOTE: Electors requiring assistance in voting must prepare Special Form from the county Board of Elections to transmit with this application.  
 (COMPLETE ADDRESS OF WITNESS) (SIGNATURE OF WITNESS)

**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.**

**PLEASE NOTE:**  
*your name needs to be exactly as it appears on 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*

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

**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 for each primary or election.

**ALL VOTERS FILL OUT HERE**

(PLEASE PRINT NAME EXACTLY AS REGISTERED)	
(HOME ADDRESS)	
(ZIP CODE)	(COUNTY)
(PHONE NUMBER)	(ELECTION DISTRICT- If known)
(OCCUPATION)	(DATE OF BIRTH)
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 #	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	If no PA DL or PennDOT ID #	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Place SS# (last 4 digits) here:		Place SS# (last 4 digits) here:	
Here if you have one:			
<input type="checkbox"/> I DO NOT have a PA DL #, PennDOT ID # or SS#. A copy 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 of elections regarding acceptable IDs.			

**MAIL BALLOT TO ME AT THE FOLLOWING ADDRESS:**

(STREET ADDRESS)		
(CITY, TOWN, OR BOROUGH)	(STATE)	(ZIP CODE)

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

<input type="checkbox"/> ABSENCE FROM THE MUNICIPALITY COMPLETE SECTION A	<input type="checkbox"/> ILLNESS OR PHYSICAL DISABILITY COMPLETE SECTION B
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**DUTIES, OCCUPATION, BUSINESS COMPLETE HERE**

**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 of the information which I have listed on this absentee ballot application is true and correct.

(INSERT REASON FOR ABSENCE HERE)

(SIGNATURE OF ELECTOR)	(DATE)
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**ILLNESS OR PHYSICAL DISABILITY COMPLETE HERE**

**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 all other information that I have listed on this absentee ballot application is true and correct.

(INSERT PHYSICAL ILLNESS OR DISABILITY HERE)

(NAME OF PHYSICIAN)	(PHONE NO.)
(OFFICE ADDRESS)	
(SIGNATURE OF ELECTOR)	(DATE)

**IF UNABLE TO SIGN COMPLETE SECTION C**

**SECTION C**  
 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)

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.**