

**PIKE COUNTY APPLICATION FOR ABSENTEE BALLOT**

NOTE: This application is valid for only one election.

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| ALL VOTERS FILL OUT HERE   |  |
|  | (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><br><i>(IF DIFFERENT FROM ABOVE)</i> |
|  | (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 <input type="checkbox"/> ILLNESS OR PHYSICAL DISABILITY<br>COMPLETE SECTION A      COMPLETE SECTION B   |  |
| <b>SECTION A – ABSENCE FROM THE MUNICIPALITY</b><br>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><br>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><br>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).<br><br><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:<br><b>PIKE COUNTY BOARD OF ELECTIONS</b><br>506 Broad Street · Milford, PA 18337<br>Phone: 570-296-3426   |  |
| <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>   |  |

ABSENCE FROM MUNICIPALITY COMPLETE HERE

ILLNESS OR PHYSICAL DISABILITY COMPLETE HERE

DEADLINES AND REMITTANCE INFORMATION