

This section must be completed by ALL voters.

**APPLICATION FOR ABSENTEE BALLOT
Lawrence County, Pennsylvania**

(Print Name and Primary Residence Exactly as Registered)

Mail Ballot to this address:

Name _____

Street Address _____

City/State/Zip _____

County _____

Date of Birth _____

I have lived at this address since: _____

SECTION A. COMPLETE IF ABSENT FROM THE MUNICIPALITY DUE TO DUTIES, OCCUPATION, OR BUSINESS :

I declare that I am eligible to vote absentee at the forthcoming primary or general 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

Date

SECTION B. COMPLETE IF ABSENCE IS DUE TO ILLNESS OR PHYSICAL DISABILITY:

I declare that I am eligible to vote absentee at the forthcoming primary or general 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 reason for absence here)

Name of Physician

Date

Office Address

Phone Number

Signature of Elector

Date

TO BE COMPLETED ONLY IF APPLICANT IS UNABLE TO SIGN BECAUSE OF ILLNESS OR PHYSICAL DISABILITY. I hereby state that I am unable to write by reason of my illness or physical disability, and I have made or received assistance in making my mark in lieu of my signature.

Date

Signature of Witness

My Mark

Address of Witness

PLEASE MAIL OR BRING COMPLETED APPLICATION TO:
Lawrence County Elections Office
430 Court Street
New Castle, PA 16101

Please Note:
A SEPARATE APPLICATION MUST BE SUBMITTED TO YOUR COUNTY BOARD OF ELECTIONS FOR EACH PRIMARY OR ELECTION