

AFFIDAVIT OF ILLNESS OR PERMANENT PHYSICAL DISABILITY AND PHYSICIAN'S CERTIFICATE

This form, if properly executed and returned to the County Board of Elections, will maintain your eligibility to vote without requesting an application for an absentee ballot for a period of four years pursuant to the Pennsylvania Election Code at 25 P.S. § 3146.2(e.1).

Commonwealth of Pennsylvania

County of _____

City

Boro of _____ Ward _____ District _____

Twp. _____

(Street or Rural Route)

(Post Office and/or Zip Code)

(printed name) declare that I am a qualified

and registered elector of the district stated above and that I am permanently disabled.

(Enter here the nature of illness or disability)

Because of my disability, I am (check one):

Unable to attend my polling place.

Able to attend my polling place, but would be physically unable both to operate a voting machine (or mark the ballot) and to orally request assistance to do so.

(Signature or Mark of Elector)

(To be completed only if you made your mark instead of your signature in the above section)

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)

Physician's Certificate of Permanent Disability

I hereby certify that the above named voter is permanently disabled, and either physically unable to attend the polls or physically unable both to operate a voting machine (or mark the ballot) and to orally request assistance to do so.

(Date of signing)

(Signature of Physician)

Should you lose your disability you must inform the County Board of Elections of the county of your residence.

PERMANENT ABSENTEE BALLOT APPLICATION

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

I am applying to vote permanently via absentee ballot due to illness or physical disability. See instructions.

ALL VOTERS FILL OUT HERE	
	(PRINT FULL NAME)
	(HOME ADDRESS - include city, town or borough)
	(ZIP CODE) (COUNTY) (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"/> <input type="text"/> <input type="text"/> 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 www.VotesPA.com 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)
DUTIES, OCCUPATION, BUSINESS COMPLETE HERE	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
	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)
	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)
ILLNESS OR PHYSICAL DISABILITY COMPLETE HERE	(SIGNATURE OF ELECTOR) (DATE) <div style="border: 1px solid black; padding: 2px; display: inline-block;">IF UNABLE TO SIGN COMPLETE SECTION C</div>
	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.

Qualifications for Permanent Absentee Voters:

- Must be a qualified registered elector of the Commonwealth and of the election district.
- Must be unable because of illness or physical disability to attend his or her polling place on the day of any primary or election or operate a voting machine.
- Must obtain the certification of his or her attending physician that he or she is permanently disabled, and physically unable to attend the polls or operate a voting machine.

Explanation of Permanent Absentee Voter Status:

- An absentee ballot application will be mailed to permanent absentee voters for each primary or each election as long as he or she is eligible to vote.
- Permanent absentee voters are not required to file a physician's certificate of disability with each application for absentee ballot, but such person must submit a written statement asserting continuing disability *every four years* in order to maintain his or her eligibility to vote under the permanent absentee program.
- If a permanent absentee voter should lose his or her disability, he or she must inform the county board of elections of the county of his or her residence.

Please note: If you have a Permanent Absentee Voter Certification on file...the McKean County Board of Elections will, prior to each election, mail a Permanent Absentee Ballot Application to your address of record.

*If you do not provide your Driver's License Number or the Last Four Digits of your Social Security number on your Permanent Absentee Ballot Application...you will be required to provide one of the approved forms of ID (list attached) with your Permanent Absentee Ballot Application.

You must complete and mail the Permanent Absentee Ballot Application to:

McKEAN COUNTY BOARD OF ELECTIONS
500 W. Main St.,
Smethport, PA, 16749

ALL VOTERS ARE REQUIRED TO PROVIDE IDENTIFICATION PRIOR TO VOTING

All ID's must contain a NAME, a PHOTO, and an EXPIRATION DATE that is CURRENT, unless noted otherwise. Acceptable IDs include:

Photo IDs issued by the U.S. Government or the Commonwealth of Pennsylvania, including:

Pennsylvania Driver's License or PennDOT Photo ID Card (valid for voting 12 months past expiration date).

U.S. Passport.

U.S. Military ID (active duty and retired Military IDs may designate an expiration date that is indefinite). Military dependents' IDs must contain a current expiration date.

Employee Photo Identification issued by Federal, Pennsylvania, Pennsylvania County, or Pennsylvania Municipal Government.

Photo identification issued by an accredited Pennsylvania public or private institution of higher learning.

Photo Identification issued by a Pennsylvania Care Facility, including Long-Term Care Facilities, Assisted Living Residences and Personal Care Homes.

In the case of a voter who has a RELIGIOUS OBJECTION to being photographed, acceptable IDs include the following:

- Pennsylvania valid Without-Photo Driver's License
- PennDOT valid Without-Photo Identification Card

*****YOUR VOTER CARD ISSUED BY THE BOARD OF ELECTIONS IS NOT AN ACCEPTABLE FORM OF ID*****