Pennsylvania Voter Registration Application & Mail-in Ballot Request

Use blue or black ink

Page 3

Print your name	1	Last name	Jr Sr II III IV	(circle if applicable)	
Thirt your name		First name	Middle name or in	itial	
Eligibility If you answer "No" to either question, you cannot register to vote. A new registrat	2 ion is	Are you a citizen of the U.S.? Yes No Will you be 18 years or older on or before Election Day? Yes No		address is for someone who red & has moved within PA	
Reason someone who has never been registered or voted in PA before.		New registration Mail-in voting Change of name Change of address Change of party Federal or State employee registering in county of last residence			
About you Phone and email are optional and may be used to contact you about important information.	4	Birth date (required) Ra Phone Not required but helpful Em Gender Female (F) Male (M)	nce nail Not required but he] Non-Binary / Other (X)	lpful	
Your address If you do not have a street address or a permanent residence, use the map on the back. <i>Students, see instructions.</i>	5	Address (not P.O. Box)		Apt. number	
		City/Town Sta	ate PA Zip	County	
		Municipality	I have lived at this a	address since	
		Voting district/precinct (if known) Ward	(if known) 🔲 I do no	ot have a street address	
Mailing address for voter registration	6	Same as above Address or P.O. Box			
		City/Town	State	Zip	
Identification If you have a PennDOT number you must use it. If not please provide the last four digits of your Social Security number, See Verifying your identity,	7	PennDOT driver's license or ID card number Last four digits of your Social Security number X X X - X X - I do not have a Pennsylvania driver's license or a Social Security number			
Political party To vote in a primary, you must register with either the Democratic or Republican party.	8	 □ Democratic □ Republican □ Green □ Libertarian □ None (no affiliation) □ Other No need to choose a party for the general election in November but if voters want to vote in the spring primary elections, they have to pick a party. 			
	9	Name on previous registration	·····, ····,		
If your name or address has changed Skip if this is the first time you are registering to vote.		Full previous address and county Voter needs to complete this section if this is a change of address within PA PA Voter No. (if available) Year			
		Transfer my Annual Ballot Request (By checking the box, you are requesting that you your annual ballot request status when updating			
Voting assistance	10	I require help to vote. I need this kind of assis	stance:		
		I require language help. My preferred langua	age is:		
Be a poll worker If you check either of these boxes, your County elections office will contact you.	11	I would like to be a poll worker on Election Da I would like to be a bilingual interpreter on Election Da	-	juage:	

 \rightarrow

If you return your voted ballot by the deadline, you may not vote at your polling place on Election Day.

If you do not return your mail ballot by the deadline, you may surrender your mail ballot and the return envelope containing the Voter's Declaration to the judge of elections at your polling place to be voided, then you may vote a regular ballot. If you do not have your mail ballot materials to surrender, you may vote a provisional ballot at your polling place on Election Day.

I want to request a mail-in ballot (Optional)	12	 I want to receive a mail-in ballot for the next election. OR Mail in ballots must be requested every year if a voter wants to continue to vote by mail. I want to receive mail-in ballots for the remainder of this year, and I want to automatically receive an annual application for mail-in ballots each year. 				
Mailing address for mail-in ballot	13	Please mail my ballot(s) to: Residential address in Section 5 Mailing address in Section 6 A different mailing address as follows: Address or P.O. Box				
		City/Town	State	Zip		
Declaration and signature	14	Ideclare that: • I am a United States citizen and will have been a citizen for at I • I will be at least 18 years old on the day of the next election. • I will have lived at the address in Section 5 for at least 30 days • I am legally qualified to vote. If requesting mail-in ballots, I also declare that: • I am eligible to vote by mail-in ballot at the forthcoming prima • I am requesting the ballot of the party with which I am affiliate • All of the information which I have listed on this mail-in ballot I affirm that this information is true. I understand that this declaid information is not true, I can be convicted of perjury, and fined the Signature or mark Print your name Today's date	s before the election. ary or election. ed according to my voter application is true and co aration is the same as an	registration record. prrect. affidavit, and, if this		
Help with this form Complete if you: Assisted a voter in completing the voter registration form. OR Witnessed a voter making a mark to sign this form.	15	Declaration of voter making a mark to sign the form. I hereby state that I am unable to sign my application 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. To be completed by assistant or witness: Name Address Phone Signature				
Instructions for Section		Draw your map here.	Example map. Do no	t use this map.		
How to show your address If you live in a rural area and do			Library	N Gas • station		

address, use the map to the right to show where you live, with landmarks and road names.

If you are homeless, use the map to the right to show where you spend most of your time.

How to fill in the map:

- Write the names of the roads or streets nearest to where you live.
- Draw an X to show where you live.
- Use a dot to show the location of landmarks, such as schools, churches, or stores, and identify them by name.



