

**1 如何递交申请：**

在您完成申请后，您可以将其返回到您当地的县选举委员会。如果您不确定 该向何处邮寄您的申请，请访问 [www.VotesPA.com/county](http://www.VotesPA.com/county) 获取更多信息。

**2 截止日期提醒：**

申请邮寄选票的截止日期为选举前星期二下午 5:00。您必须在该时间前将您的申请送达至县选举委员会办公室。邮戳不算数。

填妥的选票须于选举日当晚 8:00 前交回。您必须在该时间前将您填妥的选票送达至县选举委员会办公室。邮戳时间不算数。

**3 必要的身份证件：**

为申请邮寄选票，您必须提供您的 宾州 驾照号或带照片的 PennDOT 身份证号。如果您没有 宾州 驾照或 PennDOT 颁发的带照片的身份证，您必须提供您社会安全号的后四 (4) 位数。

如果您没有这两种身份证件的任一有效形式，您必须在身份证件一栏中勾选“我没有 宾州 驾照或 PennDOT 身份证或社会安全号”。如果您选择该选项，则必须附上一个可接受身份证件的复印件。

有关更多信息请访问 [www.VotesPA.com/MailBallot](http://www.VotesPA.com/MailBallot) 或致电 1-877-VotesPA(1-877-868-3772)。

**4 什么是年度选票申请？**

如果您表明想要加入年度邮寄选票申请名单，您每年都会收到一份用以更新您的邮寄选票申请的申请表。在您的申请被批准后，您将自动收到针对当年余下时间的选票，您不需要为每一次选举提交申请。

**提醒：** 如果您收到邮寄选票，并在截止日期之前交回填妥的选票，那么在选举日当天，您不得前往投票站投票。如果您未能于截止日期之前交回填妥的邮寄选票，那么在选举日当天，您可以前往投票站投临时选票。

**Pennsylvania Application for Mail-In Ballot**

**1**

**How to submit your application:**

Once your application is completed, you may return it to your local county board of elections. If you're unsure of where to mail your application, please visit [www.VotesPA.com/county](http://www.VotesPA.com/county) for more information.

**2**

**Deadline alert:**

The deadline to apply for a mail-in ballot is 5:00PM on the Tuesday before the election. Please note your application must be received in the county board of election's office by that time. Postmarks do not count.

The deadline to return your completed ballot is 8:00PM on election day. Please note your completed ballot must be received in the county board of election's office by that time. Postmarks do not count.

**3**

**Necessary identification:**

In order to apply for a mail-in ballot, you must supply your PA Driver's License or PennDOT issued photo ID card number in the identification section. If you do not have a PA Driver's License or PennDOT issued photo ID card, you must supply the last four (4) digits of your Social Security number.

If you do not have a valid form of either of these types of identification, please check the box titled "I do not have a PA driver's license or a PennDOT ID card or a Social Security number" in the identification section. If you choose this option, you must enclose a photocopy of an acceptable ID.

Please visit [www.VotesPA.com/MailBallot](http://www.VotesPA.com/MailBallot) for more information, call 1-877-VotesPA (1-877-868-3772), or contact your county board of elections.

**4**

**What is an annual mail-in ballot request?**

If you indicate you would like to be added to the annual mail-in ballot request list, you will receive an application to renew your request for mail-in ballot each year. Once your application is approved, you will automatically receive ballots for the remainder of the year and you do not need to submit an application for each election.

**5**

**WARNING:** If you receive a mail-in ballot and return your voted ballot by the deadline, you may not vote at your polling place on election day. If you are unable to return your voted mail-in ballot by the deadline, you may vote a provisional ballot at your polling place on election day.

**6**

**Questions?**

Call your County Election Office or call 1-877-VOTESPA (1-877-868-3772).

For more information about voting, visit our website: [www.VotesPA.com](http://www.VotesPA.com).

Información en español: Si le interesa obtener este formulario en español, llame al 1-877-868-3772.

**6**

**有问题？**

请致电 1-877-VOTESPA(1-877-868-3772) 联系宾夕法尼亚州州务院 (Pennsylvania Department of State)。州务院还提供多种语言的电话口译服务。

有关投票的更多信息，请访问：  
[www.VotesPA.com](http://www.VotesPA.com)



**Print your name - 请以印刷体书写您的姓名**  
请以印刷体准确地书写您登记投票时使用的姓名。

- Last name - 姓氏
- Jr Sr II III IV - (如适用请画圈)
- First Name - 名字
- Middle name or initial - 中间名或姓名首字母

可选择列出电话号码和电子邮件。如果表格的信息有缺漏, 选举官员会就您的申请联系您。这些信息不会在选举办公室外被共享。

- Birth Date - 出生日期
- MM/DD/YYYY - 月/日/年
- Phone number - 电话号码
- Email - 电子邮件

请以印刷体准确地书写您登记投票时使用的地址。您可通过 [VotesPA.com](https://www.VotesPA.com) 或致电 1-877-VOTESPA(1-877-868-3772) 获取您的选民登记地址。

- Address (not P.O. Box) - 地址 (非 邮政信箱)
- City/Town - 市/镇
- Municipality - 市政当局
- Email - 电子邮件
- Ward (if known) - 选区 (如果知道)
- Apt. number - 公寓号
- State: PA - 州: 宾夕法尼亚州 (PA)
- Zip Code - 邮政编码
- County - 郡
- Voting district (if known) - 投票 区 (如果知道)
- I have lived at this address since: (date) - 我从该时间起一直住在该地址:

☐ Same as above - 如果您的选票要寄往您的选民登记地址, 请在此框做标记。仅在您的选票要寄往填写以下部分

- Address or P.O. Box - 地址或邮政信箱

- City/Town - 市/镇
- State - 州
- Zip Code - 邮政编码

Use black ink

# M Pennsylvania Application for Mail-In Ballot

## Print your name

Please print your name exactly as you registered to vote.

**1**

Last name \_\_\_\_\_

Jr Sr II III IV (circle if applicable)

First name \_\_\_\_\_

Middle name or initial \_\_\_\_\_

## About you

Phone and email are optional and used if information is missing on this form.

**2**

Birth date

M M / D D / Y Y - Y Y

Phone \_\_\_\_\_

Email \_\_\_\_\_

## Your address

Please print your address exactly as you registered to vote.

**3**

Address (not P.O. Box) \_\_\_\_\_

Apt. number \_\_\_\_\_

City/Town \_\_\_\_\_

State PA

Zip code \_\_\_\_\_

Municipality \_\_\_\_\_

County \_\_\_\_\_

Ward (if known) \_\_\_\_\_

Voting district (if known) \_\_\_\_\_

I have lived at this address since: \_\_\_\_\_

## Where to mail ballot?

**4**

☐ Same as above Address or P.O. Box \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_

Zip code \_\_\_\_\_

## 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 "Necessary Identification" on Page 2.

**5**

PA driver's license or PennDOT ID card number \_\_\_\_\_

Last four digits of your Social Security number X X X - X X - \_\_\_\_\_

☐ I do not have a PA driver's license or a PennDOT ID card or a Social Security number.

## Declaration

**6**

I declare that I am eligible to vote by mail-in ballot at the forthcoming primary or election; that I am requesting the ballot of the party with which I am enrolled according to my voter registration record; and that all of the information which I have listed on this mail-in ballot application is true and correct.

Voter signature here X \_\_\_\_\_

Date \_\_\_\_\_

## Annual mail-in request

See "What is an annual mail-in ballot request?" for more information.

**7**

If you would like to apply to receive mail-in ballots for the remainder of this year and if you would like to automatically receive an annual application for mail-in ballots each year, please indicate below.

☐ I would like to receive mail-in ballots this year and receive annual applications for mail-in ballots each year.

## Help with this form

Complete this section if you are unable to sign the declaration in Section 6.

**8**

I hereby state that I am unable to sign my application for a mail-in 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.

Mark of voter X \_\_\_\_\_

Date \_\_\_\_\_

Address of witness \_\_\_\_\_

Signature of witness X \_\_\_\_\_

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Return to: County Board of Elections, City Hall Rm 142, 1400 JFK Blvd, Phila, PA 19107

DOS-12/2019

**5 Identification - 身份证明**

如果您有 PennDOT 号, 则必须使用。如果没有, 请提供社会安全号的后四位数。有关更多信息, 请参阅“邮寄选票申请须知”。

- PA driver's license or PennDOT ID card number - 宾州驾照或 PennDOT 身份证号
- Last four digits of your Social Security Number - 社会安全号的后四位数
- ☐ I do not have a PA driver's license or a PennDOT ID card or a Social Security number. - 我没有 宾州驾照, 也没有 PennDOT 身份证或社会安全号。如满足此情况请在此框做标记

**6 Declaration - 声明**

通过在此处签名, 您就是在宣布您有资格在即将举行的选举中以邮寄选票的方式进行投票。您声明要根据您的选民登记记录要求进行适当的党派或非党派投票。且您声明您在此申请中所列的所有信息均真实且正确。

**Voter signature here X - 选民在此处签名 X** \_\_\_\_\_  
Date - 日期 \_\_\_\_\_

**7 Annual mail-in request - 年度邮寄请求**

如果您想在今年余下时间里申请收到邮寄选票, 且如果您想每年自动收到邮寄选票的年度申请, 请在此框做标记。有关更多信息, 请参阅“邮寄选票申请须知”。

☐ 我希望今年收到邮寄选票, 并且每年收到邮寄选票的年度申请。

**8 Help with this form - 帮助填写此表**

仅在您因疾病或残疾无法签署本申请表时, 方可填写此部份。在第一个空格里做标记。为您提供帮助的人可填写日期, 其地址和其签名。

**Mark of voter X - 选民标记 X** \_\_\_\_\_  
Date - 日期 \_\_\_\_\_  
Address of witness - 见证人地址 \_\_\_\_\_  
Signature of witness - 见证人签名 X \_\_\_\_\_

Use black ink

**M Pennsylvania Application for Mail-In Ballot**

**Print your name**  
Please print your name exactly as you registered to vote.

**1** Last name \_\_\_\_\_ Jr Sr II III IV (circle if applicable)  
First name \_\_\_\_\_ Middle name or initial \_\_\_\_\_

**About you**  
Phone and email are optional and used if information is missing on this form.

**2** Birth date                  
Phone                       
Email \_\_\_\_\_

**Your address**  
Please print your address exactly as you registered to vote.

**3** Address (not P.O. Box) \_\_\_\_\_ Apt. number \_\_\_\_\_  
City/Town \_\_\_\_\_ State **PA** Zip code        
Municipality \_\_\_\_\_ County \_\_\_\_\_  
Ward (if known) \_\_\_\_\_ Voting district (if known) \_\_\_\_\_  
I have lived at this address since: \_\_\_\_\_

**Where to mail ballot?**

**4** ☐ Same as above Address or P.O. Box \_\_\_\_\_  
City/Town \_\_\_\_\_ State   Zip code

**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 "Necessary Identification" on Page 2.

**5** PA driver's license or PennDOT ID card number            
Last four digits of your Social Security number     -          
☐ I do not have a PA driver's license or a PennDOT ID card or a Social Security number.

**Declaration**

**6** I declare that I am eligible to vote by mail-in ballot at the forthcoming primary or election; that I am requesting the ballot of the party with which I am enrolled according to my voter registration record; and that all of the information which I have listed on this mail-in ballot application is true and correct.  
Voter signature here X \_\_\_\_\_ Date \_\_\_\_\_

**Annual mail-in request**  
See "What is an annual mail-in ballot request?" for more information.

**7** ☐ I would like to receive mail-in ballots this year and receive annual applications for mail-in ballots each year.

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**8** I hereby state that I am unable to sign my application for a mail-in 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.  
Mark of voter X \_\_\_\_\_ Date \_\_\_\_\_  
Address of witness \_\_\_\_\_  
Signature of witness X \_\_\_\_\_

Page 1 **Return to: County Board of Elections, City Hall Rm 142, 1400 JFK Blvd, Phila, PA 19107** DOS-12/2019