



### **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 any primary or election or operate a voting machine.
- Must attain 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.

**AFFIDAVIT OF ILLNESS OR PERMANENT PHYSICAL DISABILITY AND PHYSICIANS'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.