

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)

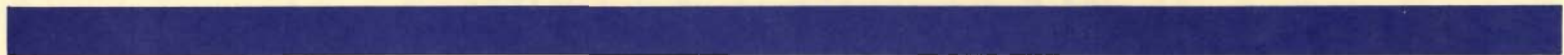
_____ (Complete address of Witness) _____ (Signature of Witness)

NOTE: Electors requiring assistance in voting must procure Special Form from the county Board of Elections to transmit with this application

Affix
First Class
Postage
Here



ABSENTEE BALLOTING MATERIAL



VOTER REGISTRATION OFFICE
York County
28 East Market Street
York, Pennsylvania 17401-1579

EMERGENCY APPLICATION FOR ABSENTEE BALLOT

ALL VOTERS FILL OUT HERE

I, _____
(PLEASE PRINT NAME AS REGISTERED)

declare that I am a voter of _____ County,
Pennsylvania, and that I am a qualified and registered elector at my home

address which is _____
(STREET ADDRESS OR RURAL ROUTE)

(POST OFFICE AND/OR ZIP CODE)

in the _____ Ward, _____ District, of the _____
(CITY/BOROUGH/TOWN/TOWNSHIP)

that I have resided in this voting district since _____
and that I am entitled to vote therein this primary or election.

My occupation is _____ My date of birth is _____
(If employee of the Commonwealth or Federal Government qualified to vote
without street address, check here.)

MAIL BALLOT TO ME AT THE FOLLOWING ADDRESS:

DUTIES, OCCUPATION, BUSINESS
COMPLETE HERE

ABSENCE FROM COUNTY

I expect to be absent from the county of my residence on the day of the
election/primary because of duties, occupation or business, which fact was
not and could not reasonably be known to me on or before the Tuesday prior
to the election.

(DATE OF SIGNING) _____ (SIGNATURE OF VOTER)

Sworn and subscribed before me this _____ day of _____, 19____

(STATE TITLE OF OFFICE, NOTARY PUBLIC, ETC AFFIX SEAL)

ILLNESS OR PHYSICAL DISABILITY

I expect to be unable to attend my proper polling place on the day of the
election/primary because of illness or physical disability. The nature of which
appears below:

(INSERT DISABILITY OF ILLNESS HERE)

(DATE OF SIGNING) _____ (SIGNATURE OF VOTER)

(If unable to sign, complete reverse side of card)

I hereby attest that the physical disability or illness of above elector occurred
at a time when he was unable to apply for an absentee ballot, on or before
Tuesday prior to the election.

(SIGNATURE OF PHYSICIAN)

Sworn and subscribed before me this _____ day of _____, 19____

(STATE TITLE OF OFFICE, NOTARY PUBLIC, ETC AFFIX SEAL)

ILLNESS OR PHYSICAL DISABILITY
COMPLETE HERE

**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.**