

**Designation of Authorized Representative
to Assist Emergency Absentee Ballot Applicant**

Court of Common Pleas of _____
(*Insert Name of County*)

I hereby designate _____ to serve as my
(*Insert Name of Authorized Representative*)
agent for obtaining an emergency absentee ballot for my use only and to return the ballot
after I have completed it and sealed it in the required envelope to the Board of Elections of
_____ County. I understand that my completed ballot must be returned to the
Board of Elections no later than 8:00 P.M. on the day of the primary or election. I am
qualified under Pennsylvania law to vote by emergency absentee ballot because of illness or
physical disability that occurred after 5:00 P.M. on the Friday before the primary or election
or because I will be absent from my municipality on the day of the primary or election
because of my business, duties or occupation, which fact was not and could not reasonably
be known prior to 5:00 P.M. on the Friday before the primary or election.

(*Address of Voter*)

(*Voter's Signature*)

Certification of Authorized Representative

I hereby agree to serve as the authorized representative for _____
(Name of Voter)

for purposes of obtaining an emergency absentee ballot for the above voter only and to return the ballot, after it has been completed by the voter and sealed in the required envelope to the County Board of Elections. I certify that I am not acting as the authorized representative during this election for any person who does not live in the same household as the above-named voter.

(Signature of Authorized Representative)

Name and Address of Authorized Representative (Please Print):

(Name of Authorized Representative)

(Address of Authorized Representative)