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PAR AVION

FILL OUT BOTH SIDES OF CARD

ABA Form 1—Rev. 1995
For use of electors in the Military, Merchant Marine, Religious or
Welfare Organization, Civilian Employee, their spouses and
dependents.

(Name)

(Unit, Gov't Agency, or Office)

(Mil. Base, Station, Ship or Office)

(Street No., APO, or FPO No.)

(City, Postal Zone, State)

OFFICIAL ABSENTEE BALLOTING MATERIAL—FIRST-CLASS MAIL

NO POSTAGE NECESSARY IN THE U.S. MAILS—DMM E080

County Board of Elections of . . . CLEARFIELD . . . County
 . . . 230 EAST MARKET STREET . . .
 (City or Town)
 Pennsylvania, U. S. A. 16830
 (Zip Code)

No.
 Fill Out Both Sides of Card
 POST CARD APPLICATION FOR ABSENTEE BALLOT
 Commonwealth of Pennsylvania

- (1) I hereby request an absentee ballot to vote in the coming election.
- (2) If a ballot is requested for a primary election, print your political party affiliation in this box:
- (3) I am a citizen of the United States, eligible to vote in above State, and am:
- a. A member of the Armed Forces of the United States
 - b. A member of the merchant marine of the United States
 - c. A member of a religious or welfare organization assisting servicemen
 - d. A civilian employed by the United States Government outside the United States (continental)
 - e. A spouse or dependent of a person listed in (a), (b), or (c) above
 - f. A spouse or dependent residing with a person described in (d) above

- (4) I was born on
 (Day) (Month) (Year)
- (5) My home residence address at the time of entrance into any of the 6 categories above was
 (City, Boro, or Twp.)

 (Street & Number or Rural Route)

 (County)
- The voting precinct if known is

- (6) Mail my ballot to the following official address:
-
 (Unit (Co., Sq., Trp., Bu., etc), Governmental Agency, or Office)

 (Military Base, Station, Camp, Fort, Ship, Airfield, etc.)

 (Street number, APO, or FPO number)

 (City, postal zone, and State)

- (7)
 (Signature of person requesting ballot)
- (8)
 (Full name, typed or printed, with rank or grade, and service number)
- (9) Length of time citizen of U. S. (Must be at least 1 Mo.)

 Length of time resident of Voting District (Must be at least 30 days)
 Length of time resident of Penna. (Must be at least 30 days)

THE PERSON MAKING THIS APPLICATION ON BEHALF OF THE MILITARY VOTER MUST SIGN BELOW.

 (Name) (Relationship, if any)

 (Address) (Date)

INSTRUCTIONS

- A. Before filling out this form see your voting officer in regard to the voting laws of your State and absentee registration and voting procedure.
- B. Type or print all entries except signatures. FILL OUT BOTH SIDES OF CARD.
- C. Mail card as soon as your State will accept your application.
- D. NO postage is required for the card.