

Certificate of Assistor Signing for a Voter with a Disability

_____ Election

Voter's Name _____

Voter's Address _____

I, _____,

(Print Full Name of Assistor)

whose home address is _____

whose relationship to the voter is _____

DO HEREBY CERTIFY that:

Due to the voter's inability to use a writing instrument to place their signature or mark on the Certificate of Mail-In Voter, the voter has authorized me to sign the voter's name on the inner envelope certificate on their behalf.

I certify that the above statements made by me are true. I am aware that if any of the foregoing statements are willfully false, I am subject to the penalties for perjury and fraudulent voting.

(Signature)

(Date)