

# REQUEST FOR EMERGENCY INCAPACITATED ABSENTEE BALLOT

Voter's Name \_\_\_\_\_ (please print)

Voter's Date of Birth \_\_\_\_\_

Voter's Residence Address \_\_\_\_\_

I am a registered voter with a physical incapacity that originated after 5:00 p.m. on Tuesday preceding this election, and I am unable to vote at my regular polling place. I hereby designate the person named below as my agent for purposes of absentee voting.

Election \_\_\_\_\_ Election date \_\_\_\_\_

Voter's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Witness \_\_\_\_\_

(Witnesses required only if voter is unable to sign this form.)

Agent's Name \_\_\_\_\_ (please print)

Agent's Signature \_\_\_\_\_

## SWORN STATEMENT BY PHYSICIAN

I swear that the above named person is unable to vote in person at his precinct on the day of the election because of a physical incapacity and that said physical incapacity originated after 5:00 p.m. on Tuesday preceding this election.

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_

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### FOR ELECTION BOARD USE ONLY

Date Received \_\_\_\_\_ Voter ID # \_\_\_\_\_

Precinct \_\_\_\_\_ Congressional District \_\_\_\_\_

Senate District \_\_\_\_\_ Representative District \_\_\_\_\_

County Commissioner District \_\_\_\_\_ School District \_\_\_\_\_

City/Town \_\_\_\_\_ Ward \_\_\_\_\_

Political Affiliation \_\_\_\_\_ Status \_\_\_\_\_