

AFFIDAVIT OF ILLNESS OR PERMANENT PHYSICAL DISABILITY AND PHYSICIAN'S CERTIFICATE

This form properly executed and returned to the County Board of Elections will maintain your eligibility to vote without requesting an application for an absentee ballot under Act 47 of 1986 for a period of four years.

Commonwealth of Pennsylvania

County of

City

Boro. of Ward District

Twp.

..... (Street or Rural Route) (Post Office and/or Zip Code)

..... declare I am a qualified and registered elector of the district stated above and that I am permanently disabled.

..... (Enter here the nature of illness or disability)

Because of my disability, I am (check one):

- Unable to attend my polling place.
- Able to attend my polling place, but would be physically unable both to operate a voting machine (or mark the ballot) and to orally request assistance to do so.

..... (Signature or Mark of Elector)

(To be completed only if you made your mark instead of your signature in the above section)

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)

Physician's Certificate of Permanent Disability

I Hereby certify that the above named voter is permanently disabled, and either physically unable to attend the polls or physically unable both to operate a voting machine (or mark the ballot) and to orally request assistance to do so.

..... (Date of signing) (Signature of Physician)

Should you lose your disability you must inform the County Board of Elections of the county of your residence.