



DC BOARD OF ELECTIONS AND ETHICS

REQUEST FOR ABSENTEE BALLOT BY PHYSICALLY DISABLED VOTER

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 illness or physical disability or because I am unable to read. I have made, or received assistance in making, my mark in lieu of my signature.

(Date) _____ (Mark) _____

(Printed Name of Voter)

I, the undersigned, hereby certify that the above named voter affixed his or her name to this application in my presence and I know him or her to be the person who affixed their mark to the application and understand that this statement will be accepted for the purposes as the equivalent of an affidavit and if it contains the material false statement, shall subject me to the same penalties as if I had been duly sworn.

(Signature of Witness)

(Printed Name of Witness)

(Address of Witness)