

OFFICE OF THE COUNTY CLERK

Certificate of Assistor Signing for a Voter with 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 forgoing statements are willfully false, I am subject to penalties for perjury and fraudulent voting.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

