

**AFFIDAVIT FOR VOTING AT EARLY VOTING PLACE ON ELECTION DAY**

I, the undersigned, do swear or affirm that:

- (a) My name is \_\_\_\_\_
- (b) My residence address is \_\_\_\_\_
- (c) I am ill or disabled and thus cannot, without injury to my health or without personal assistance, cast my vote in the regular manner, and I have not previously voted in the election being held today.

\_\_\_\_\_  
Date Signature of Voter

I, the witness for this person, do affirm that I signed the document in the presence of the person who is unable to sign his/her name.

\_\_\_\_\_  
Printed Name of Person who cannot sign Printed name of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Residence Address of Witness or, \_\_\_\_\_  
Title of Witness if an Election Official

Statement: \_\_\_\_\_

Instruction:

If the person required to sign this document cannot sign his/her name because of physical disability or illiteracy, he/she must affix his/her mark to the document or paper and a witness must attest the mark. If the person cannot make his/her mark, the witness must state that fact on the document or paper.

Subscribed and sworn to before me on \_\_\_\_\_  
day month year

\_\_\_\_\_  
Signature of official administering the oath

\* NOTE TO EARLY VOTING CLERK: This affidavit shall be used only when voting machines or voting devices are being used at the regular polling places on the day of the election, and voter cannot vote in regular manner without personal assistance or the likelihood of injuring his/her health.

A disabled voter is entitled to vote under this provision between the hours of 7:00 a.m. and 7:00 p.m. on the day of the election in political subdivisions using voting machines. The voter is not required to fill out the affidavit on the carrier envelope.

