

**Declaration**  
*Of the need of Assistance to Vote*

I \_\_\_\_\_  
(Print name and residential address of elector requiring assistance)

by reason of \_\_\_\_\_ am unable to vote without the  
(Print reason for need of assistance)

assistance of \_\_\_\_\_.  
(Print name and address of person rendering assistance)

\_\_\_\_\_  
Signature or mark of elector

Date: \_\_\_\_\_

WITNESSED BY:

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

\_\_\_\_\_  
Signature of Judge of Elections