

This is to certify that in the opinion of the undersigned attending physician who resides at (name of voter) is mentally competent to vote in the Election to be held on and that because of illness or injury the voter is now, or will be prevented from personally voting at said election.

..... Reg. No. (Physician) (Address)

(c) The application for all other absentee voters shall be in the following form:

..... (Date)

Board of Supervisors of Elections of (County or Baltimore City):

I,, hereby apply for a Maryland (Print Name)

Absentee Ballot for the Election to be held on (Date of Election)

I will not be able to vote in person because (State reason)

My home address is in the city, (No. and Street or RFD)

town or village of, in the County of, Maryland, and my voting district (or ward) and precinct to the best of my knowledge is

I am now registered as (Party or Decline)

I desire that the absentee ballot be sent to me at the following address:

..... (Sign Name)

Subscribed and sworn to (or affirmed) before me this day of, 19.....

..... (Notary Public or other person authorized to administer oaths)

Warning: An absentee ballot will not be sent to you unless you are registered to vote in elections in this State.

27-6. Determination of absentee voter's applications; delivery of ballots.

(a) Upon receipt of an application containing the affidavit, the board shall reject the application only upon the unanimous vote of