

I am not now registered and I will be 21 years old or older on and
(Date of Election)

I wish to be registered as
(Party or Decline)

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

.....
.....
(Sign name)

.....
.....
(Military rank or other status if any, or the spouse of)

.....
(Military Rank or other status)

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

.....
(Notary public or other person authorized to administer oaths; commissioned officer, non-commissioned officer, not below the rank of sergeant, or petty officer, other than applicant; if in Merchant Marine, certifying officer may be a master, first officer, chief engineer or purser; or an ambassador, minister, charge d'affaires, counselor to or secretary of a legation, consul general, consul, vice-consul, commercial attache, or consular agent of the United States accredited to the country where the acknowledgment is made; or a notary public of the country where the acknowledgment is made; or a judge or clerk of a court of record of the country where the acknowledgment is made.

(2) Any qualified voter who is unable to vote in person because of physical disability shall complete the medical certificate required by Sec. 27-2 of this Article, which shall be in substantially the following form and which certificate shall be filed with the boards at the same time this application is returned to the boards :

SUPERVISORS OF ELECTIONS

OF.....
(Baltimore City or County)

.....
(Address)

CERTIFICATE OF PHYSICIAN

(THIS CERTIFICATE MUST BE RECEIVED AND FILED AT OUR OFFICE NOT LATER THAN TEN (10) DAYS PRIOR TO THE ELECTION)