

I am not now registered and I will be 18 years old or older on and
(Date of Election)

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)

Warning! The Absentee Voting Law provides that anyone who wilfully signs any false application or oath, or who wilfully does any acts contrary to the terms and provisions of the Absentee Voting Law with intent to cast an illegal vote or to aid another in doing so, or who wilfully violates any of the provisions of that law or who applies for a ballot under any other name than his own, shall, upon conviction, be subject to a fine of \$1,000 or to imprisonment for not more than two years, or to both, in the discretion of the court.

(2) Any qualified voter who is unable to vote in person because of physical disability shall complete the medical certificate required by 19A-2 of this article, which shall be in substantially the following form and which certificate shall be filed with the board at the same time this application is returned to the board:

SUPERVISORS OF ELECTIONS OF

Town of Elkton

CERTIFICATE OF PHYSICIAN

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

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 Town 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)