Declaration Of the need of Assistance to Vote

I(Print name and residential address	of elector requiring assistance)
by reason of(Print reason for need of as	am unable to vote without the
(Print reason for need of as	stance)
assistance of	
(Print name and ad	ress of person rendering assistance)
Signature or mark of elector	Date:
Signature of mark of elector	
WITNESSED BY:	
Signature of Witness	—
	_
Signature of Judge of Elections	