



DISTRICT OF COLUMBIA  
**BOARD OF ELECTIONS**  
WASHINGTON, DC 20003-4733



**SIGNATURE ATTESTATION FORM**

Please complete this form if you are assisting someone who is unable to independently sign an election document due to illness, injury, or disability. You may not assist the voter if you are their employer or an officer or agent of their union.

**PERSON RECEIVING ASSISTANCE**

*(completed by the assistant)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I, \_\_\_\_\_, *(Print voter's name)* hereby attest that I am unable to sign my name due to illness, injury, or disability. I have read, and understand, the statements on this form, and I hereby swear or affirm that the statements on this form are true.

**Signature or other indicator of voter's signature:** \_\_\_\_\_

*(Voter's signature or mark)*

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

**PERSON PROVIDING ASSISTANCE**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Assistance: \_\_\_\_\_

(If the document is a ballot access petition) Petition Page Number: \_\_\_\_\_ Petition Line Number: \_\_\_\_\_

I declare the following under penalty of perjury: With the applicant's/voter's consent, I provided them with assistance due to their inability to mark the election document due to illness, injury, or disability. I further attest that, if the voter is unable to read, I have read or explained the information contained on all applicable documents.

I have read, and understand, the statements on this form, and I hereby swear or affirm that they are true.

**Assistant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**For Official Use Only:**

**Voter's ID Number** \_\_\_\_\_

**Precinct** \_\_\_\_\_ **Ward** \_\_\_\_\_

**ANC/SMD** \_\_\_\_\_ **Party** \_\_\_\_\_