



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 as it appears on the voter registration form)* 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: I provided assistance, with the complete consent of the signatory, who was unable 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 the statements on this form are true.

Signature of the Assistant _____ **Date** _____

For Official Use Only:

Voter's ID Number _____

Precinct _____ **Ward** _____

ANC/SMD _____ **Party** _____