

Certification of Authorized Representative

I hereby agree to serve as the authorized representative for _____
(Name of Voter)

for purposes of obtaining an emergency absentee ballot for the above voter only and to return the ballot, after it has been completed by the voter and sealed in the required envelope to the County Board of Elections. I certify that I am not acting as the authorized representative during this election for any person who does not live in the same household as the above-named voter.

(Signature of Authorized Representative)

Name and Address of Authorized Representative (Please Print):

(Name of Authorized Representative)

(Address of Authorized Representative)