APPLICATION FOR ABSENTEE BALLOT BY PERSONAL REPRESENTATIVE

(PLEASE PRINT)

I , request that (Voter)

 , (Personal Representative)

Bring me an absentee ballot, as I am unable to go to the polling place because of physical disability. I am providing at least one of the following for identification purposes:

Voter No.

Last four Social Security No. Birth date

X (Voter Signature)

X (Date)

.............................................................................................................................................................

WITNESS CERTIFICATION

\*We, , and , do: (Witness) (Witness)

hereby certify that is unable to go to the polling place

(Voter)

because of physical disability.

|  |  |  |
| --- | --- | --- |
| X  |   |   |
| (Witness Signature) | (Phone Number) | (Voter Number) |
| X  |   |   |
| (Witness Signature) | (Phone Number) | (Voter Number) |

(Both witnesses must be qualified Alaska Voters. One witness may by the personal representative.)