

# FORM FOR PERSONAL DELIVERY OR RETURN OF VOTE-BY-MAIL BALLOT

## Section I. Emergency Pick-up Affidavit

(Complete if receiving a vote-by-mail ballot on or within 10 days of and up to 7 p.m. on Election Day.)

I hereby swear or affirm that the following emergency prevents \_\_\_\_\_  
from voting at an Early Voting site or at their Election Day polling place: Voter's Name (Print)

\_\_\_\_\_  
(specify emergency)

I understand that any person who willfully swears or affirms falsely to any affirmation in connection with elections and any person who perpetrates any fraud in connection with any vote to be cast in an election may be subject to criminal penalties up to and including a felony of the third degree and fined up to \$5,000 and/or imprisoned for up to five years. **Under penalties of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true.**

\_\_\_\_\_  
Voter's Name (Print) / \_\_\_\_\_  
Voter's Signature / \_\_\_\_\_  
Date (MM/DD/YYYY)

## Section II. Designee Affidavit

(Complete if you are a designee picking up or returning a ballot for a voter.)

I hereby swear or affirm that I have been designated by \_\_\_\_\_  
up/return a Vote-by-Mail ballot on their behalf for this election. The voter: Voter's Name

- Is a member of my immediate family: \_\_\_\_\_, or  
 Other: \_\_\_\_\_ Relationship

I understand that any person who willfully swears or affirms falsely to any affirmation in connection with elections and any person who perpetrates any fraud in connection with any vote to be cast in an election may be subject to criminal penalties up to and including a felony of the third degree and fined up to \$5,000 and/or imprisoned for up to five years. **Under penalties of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true.**

\_\_\_\_\_  
Designee's Name (Print) / \_\_\_\_\_  
Designee's Signature / \_\_\_\_\_  
Date (MM/DD/YYYY)

## Section III. Voter's Authorization of Designee

(Complete if voter's authorization is not already on file.)

I, the voter, designate \_\_\_\_\_  
to pick up/return my ballot for this election. Print designee's name

\_\_\_\_\_  
Voter's Name (Print) / \_\_\_\_\_  
Voter's Signature / \_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
\*Voter's Date of Birth (MM/DD/YYYY) or Voter ID number / \_\_\_\_\_  
Voter's Registration Address

### Instructions

The voter's signature on the written authorization must match the signature of the voter on file.

The designee shall provide to the Supervisor written authorization by the voter.

The voter or designee shall provide a photo ID.

\*Voter's Date of Birth or Voter ID number not required but may be helpful to locate voter file.