

Certification of Designated Agent

I hereby agree to serve as the designated agent for \_\_\_\_\_  
*(Name of Voter)*

for purposes of obtaining an absentee or alternative 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 designated agent during this election for any person who does not live in the same household as the above-named voter.

\_\_\_\_\_  
Signature of Agent

Name and Address of Agent (Please Print):

\_\_\_\_\_

\_\_\_\_\_

Board of Elections of \_\_\_\_\_ County

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Designation of Agent to Assist Disabled Voter in  
Voting by Absentee or Alternative Ballot

I hereby designate \_\_\_\_\_ to serve as my agent for obtaining an absentee or alternative ballot for my use only and to return the ballot after I have completed it and sealed it in the required envelope to the Board of Elections of \_\_\_\_\_ County. I understand that my completed ballot must be returned to the Board of Elections within the time prescribed by law for voting by absentee or alternative ballot. I am qualified under Pennsylvania law to vote by absentee or alternative ballot because of my physical disability.

\_\_\_\_\_  
Address of Voter

\_\_\_\_\_  
Voter's Signature