

**Declaration**  
*Of the need of Assistance to Vote*

I \_\_\_\_\_  
(Print name and residential address of elector requiring assistance)

by reason of \_\_\_\_\_ am unable to vote without the  
(Print reason for need of assistance)

assistance of \_\_\_\_\_.  
(Print name and address of person rendering assistance)

\_\_\_\_\_  
Signature or mark of elector

Date: \_\_\_\_\_

WITNESSED BY:

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Judge of Elections

声 明  
关于投票协助之需求

我\_\_\_\_\_。  
(工整填写申请协助的选民姓名及住址)

因为\_\_\_\_\_ 所以无法在没有  
(工整填写申请协助的原因)

\_\_\_\_\_。  
(工整填写提供协助人士的姓名及住址)  
协助的情况下投票。

\_\_\_\_\_ 日期: \_\_\_\_\_  
选民签名或盖章

见证人:

\_\_\_\_\_  
见证人签名

\_\_\_\_\_  
选举监视员签名