

AFFIDAVIT

WARNING: Ballots cannot be counted unless the Affidavit is witnessed by two persons.

I, _____,
Print Voter's Name

swear or affirm that I am qualified to vote in the election or elections for which ballots are enclosed.

I swear or affirm that I am physically unable to vote in person at my precinct on the day of the election because I am a blind person, as defined by Section 72 of Title 7 of the Oklahoma Statutes.

I have marked these ballots myself

or

I have directed an assistant to mark them.

Assistant's Oath - This voter cannot mark their own ballot. I swear or affirm that I am not the voter's employer or an agent of the employer; I am not an officer or agent of the voter's union; and that I marked the ballots as directed by the voter.

Print Name of Assistant

Assistant's Signature

Assistant's Address of Residence

The voter's assistant cannot serve as a witness for this Affidavit.

X _____
Voter's Signature **Date**

Two Witnesses Required for Voter Signature

First Witness

Second Witness

Signature of Witness 1

Signature of Witness 2

Print Name of Witness 1

Print Name of Witness 2

Address of Witness 1

Address of Witness 2

City, State, Zip of Witness 1

City, State, Zip of Witness 2