

State of Maryland

Mail-In Ballot: Designation of Agent Form

Instructions: Complete this form if you are not able to return a mail-in ballot application and pick up your mail-in ballot and would like to designate someone to do this for you. If you are unable to complete or sign this form without assistance, someone may assist you. The person assisting you must complete Part III: Certification of Assistance of this form.

You may select any individual to be your agent as long as the person is at least 18 years old and is not a candidate on your ballot. The individual you name to pick up and deliver the mail-in ballot to you must complete Part II of this form and submit this form when your mail-in ballot application is delivered to the local board of elections.

Part I: This part must be completed by the voter.

I designate the following person, who is at least 18 years old and not a candidate on my ballot, to act as my agent and:

Please check the appropriate box:

- Deliver my mail-in ballot application, pick up my mail-in ballot, and deliver it to me. I will mail my voted mail-in ballot to my local board of elections.
- Deliver my mail-in ballot application, pick up my mail-in ballot, deliver it to me, and return my voted mail-in ballot to my local board of elections.

Name of Agent: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Signature of Voter

Date

Part II: This part must be completed by the agent.

Under penalty of perjury, I hereby certify that I am at least 18 years of age and not a candidate on the voter's ballot. I also certify that I am acting as the voter's designated agent and will pick up and deliver the mail-in ballot to the voter and if the voter indicated above that I will return the voted mail-in ballot to the local board of elections, deliver the voted ballot to the local board of elections.

Signature of Agent

Date

If the agent is returning the ballot, complete this section when the agent returns the voted ballot.

Under penalty of perjury, I hereby certify that I am returning to the local board of elections the voted ballot for the voter for whom I am acting as an agent and have not altered the ballot.

Signature of Agent

Date

Part III: Certification of Assistance. If you need assistance completing this form, the person assisting you must complete this section.

Under penalty of perjury, I hereby certify that the voter named above, who requires assistance because of disability or inability to read or write, authorized me to complete this application for him/her. If the voter was unable to sign this application, I have printed the voter's name on the Signature of Voter line, followed by my initials.

Signature of Agent

Date

Printed Name of Assistant