State of Maryland
Absentee Ballot: Designation of Agent Form

Instructions: Complete this form if you need someone to return an absentee ballot application and pick up your absentee ballot. On this form, you can name the person to do this for you. If you need help completing or signing this form, someone may help you. The person helping you must complete Part 3: Certificate of Assistance.

You may select any person 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 absentee ballot to you must complete Part 2 of this form and submit this form when he or she delivers your absentee ballot application to the local board of elections.

Part 1: 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 absentee ballot application to the local board of elections, pick up my absentee ballot from the local board, and deliver it to me. I will mail my voted absentee ballot to my local board of elections.

☐ Deliver my absentee ballot application to the local board of elections, pick up my absentee ballot from the local board, deliver it to me, and return my voted absentee ballot to my local board of elections.

Name of Agent: _____

Street Address: _____

City: _____   State: _____   Zip: _____

Phone Number: _____
(Used only if needed to process this request.)

_____   _____
Signature of Voter   Date

Part 2: 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 absentee ballot to the voter. If the voter indicated above that I will return the voted absentee ballot to the local board of elections, I will deliver the voted absentee ballot to the local board of elections.

_____   _____
Signature of Agent   Date

If you are also returning the ballot, you will be asked to complete this section when you return 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 that I have not altered the ballot.

_____   _____
Signature of Agent   Date

Part 3: Certificate of Assistance. If you need help completing this form because you have a disability or are unable to read or write, the person helping 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 because of a disability or inability to read or write, I have printed the voter's name on the Signature of Voter line, followed by my initials.

_____   _____
Signature of Agent   Date

_____
Printed Name of Agent