

2023 REGULAR LOCAL ELECTION

AFFIDAVIT

Inability to Appear for In-Person Voting and Request for Issuance of a Ballot

I, the undersigned, do hereby declare:	
That	, is physically unable to appear in
Print name as registered (Person unable to appear)	
person to vote in the 2023 Regular Local Elect	tion, due to confinement in a hospital, sanatorium, nursing home, or
residence; and the period for requesting an a	bsentee ballot has passed; therefore, said voter is requesting that a
ballot be delivered by	-
Printed full legal	name of designated representative
I certify under penalty of perjury under the law	vs of the State of New Mexico that the foregoing information is true
and correct.	
Executed on:	
Date	
Signature of person unable to appear (voter)	Signature of designated representative
, , , , , , , , , , , , , , , , , , ,	
Health	Care Provider Certification
	completed by the Health Care Provider
I, the undersigned health care provider, under penalty of	perjury under the laws of the State of New Mexico, hereby certify that the above-
named person is currently confined to a hospital, sanato	rium, nursing home, or residence and is unable to appear in person to vote.
Signature of Health Care Provider	Printed Name of Health Care Provider Date