



City of Haverhill
Massachusetts 01830
Registrars of Voters
City Hall, Room 118
Phone 978-374-2312

CERTIFICATE OF PERMANENT DISABILITY

_____, 2____

This is to Certify That _____,

Residing at _____,

Is personally know to me, and that he/she is disabled and will be unable to cast his/her vote in person at the polling place on Election Day Please Add this Voter to the absentee Voter List ch. 54 Sec 86

Physician