



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 \_\_\_\_\_  
VOTER'S NAME (EXACTLY AS IT APPEARS ON THE VOTING LIST)

RESIDING AT \_\_\_\_\_  
VOTER'S ADDRESS

WARD \_\_\_\_ PRECINCT \_\_\_\_

IS PERSONALLY KNOWN 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 66

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PHYSICIAN