



**COMMISSION ON ELECTIONS
NATIONAL ELECTIONS**

SUPPLEMENTARY DATA

(Persons with disabilities/Senior Citizens with disabilities)

PERSONAL INFORMATION	
LAST NAME:	
FIRST NAME:	
MIDDLE NAME:	
POST:	
COUNTRY:	

PWD																					
<p>TYPE OF DISABILITY</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Physical</td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Hard of Hearing/Deaf</td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Speech</td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Visual</td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Non-Manifest</td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Multiple Disabilities</td><td align="center"><input type="checkbox"/></td></tr> </table>	Physical	<input type="checkbox"/>	Hard of Hearing/Deaf	<input type="checkbox"/>	Speech	<input type="checkbox"/>	Visual	<input type="checkbox"/>	Non-Manifest	<input type="checkbox"/>	Multiple Disabilities	<input type="checkbox"/>	<p>TYPE(S) OF ASSISTANCE NEEDED ON VOTING PERIOD</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Assistor</td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Communication Assistance</td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Visual Assistance</td><td align="center"><input type="checkbox"/></td></tr> <tr><td>None</td><td align="center"><input type="checkbox"/></td></tr> </table>	Assistor	<input type="checkbox"/>	Communication Assistance	<input type="checkbox"/>	Visual Assistance	<input type="checkbox"/>	None	<input type="checkbox"/>
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None	<input type="checkbox"/>																				
<p>_____</p> <p>Applicant's Signature or Customary Marking/Thumb mark over printed name</p> <p>Date: _____</p>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> </div> <p align="center">Applicant's Left Thumb mark Applicant's Right Thumb mark</p>																				

CERTIFICATION/ATTESTATION BY ASSISTOR
(Persons with disabilities/Senior Citizens with disabilities)

I, _____, a resident of _____, whose name and signature appear below, hereby bind myself and declare under oath:

1. That I assisted the herein applicant for registration;
2. That I filled out his application in accordance with the information given to me;
3. That the applicant was placed under oath;
4. That the Administering Officer/Interviewer read to the applicant his accomplished application; and
5. That the applicant affirmed the truth of the information stated in the accomplished application for registration by affixing his thumb mark and/or customary mark on his application in the presence of the Administering Officer/Interviewer.

IN WITNESS WHEREOF, I have hereunto affixed my signature this _____ day of _____, 20____ at _____

Signature over printed name of Assistor

Assistor's Left Thumb mark Assistor's Right Thumb mark

SUBSCRIBED AND SWORN to before me this _____ day of _____ at _____.

Administering Officer
Signature over Printed Name