



# Maryland Mail-In Ballot: Designation of Agent Form



You may choose an agent—or a person who acts for you—to pick up or deliver your mail-in ballot. The agent must be at least 18 years old and cannot be a candidate on your ballot.

You must fill out **Parts 1 and 2** of this form. Your agent must fill out **Part 3 and 4** of this form.

## Voter Information

Print your name.

**1**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Middle Name \_\_\_\_\_ Suffix (Jr, Sr., III, IV) \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

## Agent Information

This part should be completed **by the voter. Please print.**

The voter can get help filling out this part if needed.

**2**

I choose the following person to pick up or deliver my ballot as my agent. This person is at least 18 years old and is not a candidate on my ballot.

**My agent will pick up my mail-in ballot, and deliver it to me.**

- I will mail my voted mail-in ballot to my local board of elections.
- I want my agent to return my voted mail-in ballot to my local drop box.

Name of agent \_\_\_\_\_

Street \_\_\_\_\_ Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

**Voter, sign and date here (Required)**

<b>X</b>		Today's Date (mm/dd/yyyy)
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## Agent Signature

This part must be completed **by the agent**—the person who helped you.

**3**

Under penalty of perjury, I certify that I am at least 18 years of age and I am not a candidate on the voter's ballot. I certify that I am acting as the voter's agent to pick up and deliver the mail-in ballot to the voter. If the voter asked me to return their voted mail-in ballot to the local board of elections, I will do that.

**Agent, sign and date here (Required)**

<b>X</b>		Today's Date (mm/dd/yyyy)
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If the agent is returning the ballot, sign this section **when the agent returns the voted ballot.**

Under penalty of perjury, I certify that I am returning the voted ballot for the voter for whom I am an agent. I certify that I have not altered the ballot.

**Agent, sign and date here**

<b>X</b>		Today's Date (mm/dd/yyyy)
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## Certification of Assistance

If someone helped you to fill out this form, that person should sign here.

**4**

Under penalty of perjury, I certify that this voter needed help with this form because he or she has a disability or is unable to read or write. The voter authorized me to fill out this form. If the voter was unable to sign this form, I printed the voter's name on the Signature of Voter line, followed by my initials.

**Assistant, sign and date here (Required)**

<b>X</b>		Today's Date (mm/dd/yyyy)
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Printed Name of Assistant



# Maryland Mail-in Ballot Request Form

To vote by mail, you must be registered to vote in Maryland. Visit [vote.md.gov/VoterSvc](https://vote.md.gov/VoterSvc) to register or update your voter record.

## Print voter information

Use blue or black ink.

1

Last name \_\_\_\_\_ Suffix (Jr., Sr., III, IV, if applicable) \_\_\_\_\_  
 First name \_\_\_\_\_ Middle name or initial \_\_\_\_\_  
 Date of birth (mm/dd/yyyy) \_\_\_\_\_

## Residential address

Provide the address where you are registered to vote.

No P.O. Boxes in this section.

2

This address must match your voter registration so that we can send the correct ballot for your precinct or ward.  
 Street \_\_\_\_\_ Unit # \_\_\_\_\_  
 City \_\_\_\_\_ State **MD** Zip \_\_\_\_\_

## Political party affiliation

To vote in a party's primary, you must choose that political party.

3

Democratic Party  Republican Party  Unaffiliated (independent of any party)  Libertarian Party  
 No Labels Maryland Party  Other- Specify \_\_\_\_\_

## Election

You can sign up for a mail-in ballot for the 2024 elections or for all future elections.

4

November 5, 2024 General Election **only**  
 **Both** the 2024 Primary and General Elections  
 I would like to receive a mail-in ballot for **all future federal and state elections**

## Where should we send your ballot?

If you choose option B, we will email you a link to print your ballot.

\*If you choose option B or C, we will use the information on your ballot to mark a scannable ballot for you. Then we will scan that ballot.

If you choose option B or C, you will need to use your own envelope and stamp to return your ballot by mail. Or you can deliver it to your election office or a drop box (when available).

Please see the instructions for deadlines.

### Choose only A, B, or C (only choose 1)

5

#### A Send my ballot by U.S. Mail to

Same address as above  
 Or a **different** address Street \_\_\_\_\_ Unit # \_\_\_\_\_  
 or P.O. Box: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### B Email a link to print my ballot\*

Email \_\_\_\_\_  
**And**  
 MD Driver's License or ID Card #                 
 Issue date (mm/dd/yyyy) \_\_\_\_\_  
**Or**  
 Last 4 digits of your Social Security # **XXX-XX-**

#### C Fax my ballot\*

Fax \_\_\_\_\_

## About you

In case we have a question.

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Phone \_\_\_\_\_  Mobile Phone  Land Line Phone  
 Email \_\_\_\_\_  
 How should we update you about your mail-in ballot? (choose 1)  Text message  Email  Mail

## Signature

**Required.**

**Use a pen.** No electronic signatures allowed.

Anyone can help you fill out this form except

- A candidate on your ballot
- Your employer or an agent of your employer
- An officer or agent from your union

7

### Voter, sign and date here (*Required*)

<b>X</b>		Today's Date (mm/dd/yyyy)
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### Assistant, sign here (*Required if the voter received help on this form*)

Under penalty of perjury, I hereby certify that this voter needed help with this form because he or she has a disability or is unable to read or write. The voter authorized me to complete this form. If the voter could not sign this form, I printed the voter's name and wrote my initials.

<b>X</b>		Print voter name
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