



## PHYSICIAN'S CERTIFICATE FOR DISABILITY PROGRAM

**USE:** A voter, who is physically disabled such that they cannot appear to vote early in person at the registrar of voters office or on Election Day at the polling place, may have a physician certify to their physical disability to be entitled to vote absentee-by-mail in the Disability Program. The physician's certificate is required for new homebound and new nursing or veterans' home applicants, along with an application to vote absentee-by-mail. La.-R.S. 18:115.

Parish: \_\_\_\_\_, State of Louisiana

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Patient's date of birth: \_\_\_\_\_

I hereby certify that the above named patient is unable to appear to vote early in person at the parish Registrar of Voters' office or at the polling place on Election Day due to the patient's physical disability, described as follows: \_\_\_\_\_

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Physician's Signature: \_\_\_\_\_

Physician's Name (Printed or Typed): \_\_\_\_\_

Physician's Address (Printed or Typed): \_\_\_\_\_

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**NOTICE TO PHYSICIANS: Knowingly making false statements herein constitutes an election offense and is punishable by a fine or imprisonment or both in accordance with La. R.S. 18:1461.7.**