

FORM 13: DECLARATION OF DEPUTY RETURNING OFFICER

I, _____, Deputy Returning Officer, declare that I received the
(print name of Deputy Returning Officer)

oral declaration of _____ that she *(or he)* is unable to mark her
(print voter's name)

(or his) ballot because: _____
(print reasons)

DECLARED BEFORE ME

at _____ on _____, 2017.
(name of community) *(date)*

(Signature of Election Officer)

(Signature of Deputy Returning Officer)