



City of Leominster
City Clerk's Office
25 West Street
Leominster, MA 01453

CERTIFICATE OF PERMANENT DISABILITY

_____, 20____

This is to Certify That _____,

Residing at _____,

Is personally know 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 86.

Physician Signature