

**JEFFERSON COUNTY
CIRCUIT CLERK'S OFFICE**

**Physician's Statement
for
Permanently Disabled Absentee Voter Status**

Voter Name _____

Date of Birth _____

Physical Address _____

City _____, State _____ Zip _____

Mailing Address _____

City _____, State _____ Zip _____

Phone _____

I, _____, am a duly licensed and practicing Medical Doctor or Nurse
(Printed Name of Physician or Nurse Practitioner)
Practitioner. I have personal medical knowledge of the above-named individual and find that said individual is PERMANENTLY PHYSICALLY DISABLED to such a degree that it is difficult for him/her to vote in person. This statement is signed for the sole purpose of allowing said individual to vote by absentee ballot without necessity of reapplication pursuant to Section 23-15-629, Mississippi Code of 1972, as amended. Any use of said statement, including but not limited to any disability claim for any reason other than absentee voting, is forbidden.

Signed this the ____ day of _____ 20____.

Signature of Physician or Nurse Practitioner

Office Address

City State Zip

Phone