

# SIGNATURE STAMP ATTESTATION

I, \_\_\_\_\_

*(Print voter's name as it appears on the voter registration form)*

hereby attest that I am unable to sign my name because of a disability.

I have read and understand the statements on this form, and I hereby swear or affirm that the statements on this form are true.

\_\_\_\_\_  
*(Signature stamp or other indicator of voter's signature)*

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DETACH CARD ALONG PERFORATION

## INSTRUCTIONS

This attestation shall be completed and filed before a voter may use a signature stamp or other indicator of the voter's signature on any election document.

The person filing this form must be:

- Disabled;
- Unable, because of the disability, to sign the voter's name; AND
- Registered to vote (a voter registration card may be filed at the same time as this attestation).

The signature stamp or other indicator used by the voter to represent the voter's signature on any election document shall be the same stamp or other indicator used by the voter to represent the voter's signature on this form and on the voter's registration form.

If, after filing this form, the voter changes the voter's signature stamp or other indicator of the voter's signature, the voter shall file a new attestation and voter registration form to show the new representation of the voter's signature.

**This form is subject to the provisions of ORS 260.715(1) which states:**

*"No person shall knowingly make a false statement, oath or affidavit where a statement, oath or affidavit is required under the election laws."*

**VIOLATION OF ORS 260.715(1) IS A CLASS C FELONY.**