

State of Maryland

Nursing Home & Assisted Living Facility Worksheet

Please provide the name and date of birth of each resident who wishes to register to vote and/or vote by absentee ballot and return this form to the election office by [deadline]. This information will allow the election office to prepare for registration and absentee voting by your facility's residents.

Resident's Full Name	Residence Address	Date of Birth
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____