

Name of checklist

Give each checklist a clear purpose. Avoid combining unrelated tasks into one long list.

Is every required field complete?

Review the required documents carefully with the voter. Check that the following are complete:

Required fields

Copy the label exactly as printed on the form. Group by where fields sit on the form. Each item is one field. Mark signatures separately.

Section name:

☐ Field name

Section name:

☐ Field name

Section name:

☐ Field name

Section name:

☐ Field name

Section name:

☐ Field name

☐ Field name

Optional fields

Section name:

☐ Field name

☐ Field name

Office Use Only

Check:

☐ Field name

☐ Field name