

**APPLICATION FOR BALLOT FOR QUALIFIED VOTER
ADMITTED TO HOSPITAL, NURSING HOME OR REHABILITATION CENTER
NOT MORE THAN 14 DAYS BEFORE AN ELECTION**

To be voted at the _____ election in the County of _____ and State of Illinois, in the _____ precinct of the (1)*Township of _____ (2)*City of _____ or (3) * _____ Ward in the City of _____. I state that I am affiliated with the _____ Party (primary election only) and that I am a resident of the _____ precinct of the (1) *Township of _____ (2) *City of _____ or (3)* _____ Ward in the City of _____ residing at _____ in such city or town in the County of _____ and State of Illinois; that I have lived at such address for _____ month(s) last past; that I am lawfully entitled to vote in such precinct at the _____ election to be held therein on _____ that I shall be physically incapable of being present at the polls of such precinct on the date of holding such election for the following reasons:

I am a patient in _____ located at _____ (name of hospital, nursing home or rehabilitation center) in the City/Village of _____ (address of hospital, nursing home or rehabilitation center) in the County of _____. I was admitted for _____ (nature of illness or physical injury) on _____ (date of admission) and I do not expect to be released from the hospital, nursing home, or rehabilitation center on or before the day of the election, or if released, I'm expected to be homebound on the day of the election and unable to travel to the polling place.

I hereby make application for an official ballot or ballots to be voted by me at such election, and I agree that I shall return such ballot or ballots to the official issuing the same prior to the closing of the polls on the date of the election.

Under penalties as provided by law pursuant to 10 ILCS 5/29-10, the undersigned certifies that the statements set forth in this certification are true and correct.

*Fill in either (1), (2), or (3)

Signature of Applicant

(Name of Applicant - Please Print)

Neither Application for Ballot or Ballot is to be mailed - personal delivery only. See reverse side for appropriate affidavit and certificate that must accompany SBE No. A-12.

CERTIFICATE OF ATTENDING HEALTH CARE PROFESSIONAL

I, state that I am a physician, advanced practice registered nurse, or physician assistant, duly licensed to practice in the State of _____, in that State I have examined _____ who has been admitted to _____ located at _____ (name of hospital/nursing home/rehabilitation center) (address of hospital/home/rehab center) _____ in the City of _____ and County of _____ for _____ (nature of illness or physical injury)

I therefore, believe that he/she will be unable to attend the polls, or if released, he/she will be homebound on the day of the election and unable to travel to the polling place on _____ (insert election date)

(Date)

(Signature)

(Date Licensed)

AFFIDAVIT FOR PERSONAL DELIVERY OF BALLOT
(To Voter Admitted to Hospital/Nursing Home/Rehab Center)

I, _____ do solemnly swear (or affirm) that I am

A relative of the above named admitted voter.

A registered voter of the same precinct as the admitted voter.

I further state that _____, who has been admitted to a hospital/nursing home/rehabilitation center, has requested that I obtain and deliver to him/her a vote by mail ballot, to be voted by him/her, for personal delivery by me. I further state that upon completion of voting I shall return said ballot securely sealed by the voter to the election authority prior to the closing of the polls on the date of the election.

(Date)

(Signature of Relative or Registered Voter of Precinct)

Subscribed and sworn to (or affirmed) by _____ before me, on _____ (insert month, day, year)

(SEAL)

(Notary Public)

The affidavit for Personal Delivery of Ballot is to be completed and notarized in the office of the Election Authority.