

**APPLICATION FOR VOTE BY MAIL BALLOT BY ELECTOR WHO IS A RESIDENT
OF A NURSING HOME OR CARE FACILITY, OR FEDERALLY OPERATED
VETERANS' HOME OR HOSPITAL**

(must be registered in the precinct in which such facility is located)

To be voted at the _____ Election in the County of _____
(Name of Election)

and the State of Illinois in _____
(City, Village, Township, District, Ward, Etc.)

Precinct No. _____.

I, _____, state that I am affiliated with
the _____ Party (to be used in partisan primary elections), that I reside in the
aforementioned precinct at _____
(Name of Nursing Home/Care Facility/Veterans' Home)

(Address)

and that I am a registered voter in the precinct in which such facility is located. I have lived at said
address for _____ months last past, that I am lawfully entitled to vote in such precinct at said
election, that I am a resident of the licensed nursing home or care facility, or veterans' home or hospital.

I hereby make application for the official vote by mail ballot or ballots to be voted by me at such
election at the Nursing Home or Care Facility, or Federally Operated Veterans' Home or Hospital.

Under penalties as provided pursuant to 10 ILCS 5/29-10, I certify that the statements set forth on
this application are true and correct.

Date _____

(Signature of Applicant)

(Name of Applicant – please print)

This application must be made to the election authority not later than 5 days prior to date of election. The judges of election shall deliver in person on the designated day the ballot to the applicant. After the voting has concluded, the judges shall deliver the voted ballots in a sealed envelope to the election authority.