

FOR OFFICE USE ONLY

Key \_\_\_\_\_

Pct. \_\_\_\_\_ Wd. \_\_\_\_\_

Code \_\_\_\_\_

Date \_\_\_\_\_

BOARD OF ELECTION COMMISSIONERS  
CITY OF CHICAGO

NOV. 3, 2020 ELECTION

FOR OFFICE USE ONLY

**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 **GENERAL ELECTION** in the County of Cook and the State of Illinois, in the \_\_\_\_\_precinct, \_\_\_\_\_ward, in the City of Chicago.

I state that I am a resident of \_\_\_\_\_precinct, \_\_\_\_\_ward, in the City of Chicago, residing at \_\_\_\_\_in such City, in the County of Cook and State of IL; that I have lived at such address for the past \_\_\_\_\_month(s) that I am lawfully entitled to vote in such precinct at the **ELECTION** to be held therein on **Nov. 3, 2020**, that I shall be physically incapable of being present at the polls in such precinct on the date of holding such election for the following reasons:

I am a patient in \_\_\_\_\_, located at \_\_\_\_\_, in the City  
(hospital, nursing home or rehabilitation center)

(Village) of \_\_\_\_\_in the County of \_\_\_\_\_. I was admitted for \_\_\_\_\_  
(nature of illness or physical injury)

on \_\_\_\_\_ and I do not expect to be released from the facility on or before the day of the election.  
(date of admission)

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 on or before Election Day.

Under penalties as provided by law pursuant to Article 29 of the Election Code, the undersigned certifies that the statements set forth in the certification are true and correct.

Date \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
Checked by Board Employee

\_\_\_\_\_  
**Applicant Print Name**

**CERTIFICATE OF ATTENDING PHYSICIAN**

I state that I am a physician, duly licensed to practice in the State of \_\_\_\_\_; that \_\_\_\_\_  
is a patient in \_\_\_\_\_ located at \_\_\_\_\_  
(name of hospital, nursing home or rehabilitation center)

in the County, City or Village of \_\_\_\_\_ that such individual was admitted for \_\_\_\_\_ on  
(nature of illness or physical injury)

\_\_\_\_\_ (date); and that I have examined such individual in the State in which I am licensed to practice medicine and do not expect such individual to be released from the hospital, nursing home or rehabilitation center on or before the date of election.

Under penalties as provided by law pursuant to Section 29-10 of the Election Code, the undersigned certifies that the statements set forth in this certificate are true and correct.

**Signature of Physician** \_\_\_\_\_

**Date Licensed** \_\_\_\_\_

**Questions? Call the Vote By Mail Department at 312-269-7967**

**AFFIDAVIT FOR PERSONAL DELIVERY OF BALLOT TO VOTER  
ADMITTED TO HOSPITAL, NURSING HOME OR REHABILITATION CENTER**

I, \_\_\_\_\_, do solemnly swear (or affirm) that  
(Please Print Name)

I am a (check one):

relative of the admitted voter named below and the nature of my relationship to such voter is that of his or her \_\_\_\_\_, or  
(state relationship)

registered voter of the same precinct as the admitted voter named below.

I further state that \_\_\_\_\_ who has been admitted to a hospital,  
(NAME OF PERSON in hospital, nursing home or rehabilitation center)

nursing home or rehabilitation center has authorized me to 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 or ballots securely sealed by the voter to the election authority on or before Election Day.

\_\_\_\_\_  
Signature of relative or registered voter of precinct

\_\_\_\_\_  
Date

----- **Notarization** -----

STATE OF ILLINOIS  
COUNTY OF COOK

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

by \_\_\_\_\_ (name of person acknowledged.)

Notary Public (SEAL)

Printed Name: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

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