

FOR OFFICE USE ONLY

Key \_\_\_\_\_

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

Code \_\_\_\_\_

Date \_\_\_\_\_

선거관리위원회  
시카고시

2020년 11월 3일 선거

**선거 전 14일 이내에  
병원, 양로원 또는 재활 센터에 입원한  
유권자를 위한 투표 용지 신청**

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일리노이주 쿡카운티 시카고시 \_\_\_\_\_ 선거구 \_\_\_\_\_ 시지구에서 총선거에 투표하기 위해서.

본인은 아래 사항들을 진술합니다. 본인은 일리노이주 쿡카운티 시카고시 \_\_\_\_\_ 선거구 \_\_\_\_\_ 시지구에 살고 있는 거주자입니다; 본인은 지난 \_\_\_\_\_ 달 동안 이 주소에 살았으며 2020년 11월 3일에 이 선거구에서 있을 선거에서 합법적으로 투표할 자격이 있습니다; 본인은 다음과 같은 이유로 선거가 있는 날 이 선거구 투표장에 직접 참석할 수가 없습니다:

본인은 \_\_\_\_\_ 카운티 \_\_\_\_\_ 시에 위치한 \_\_\_\_\_ (병원, 양로원 또는 재활 센터) 의 환자입니다. 본인은 \_\_\_\_\_ (질병 또는 부상의 본질) 때문에 \_\_\_\_\_ (입원 날짜)에 입원하였으며 선거 당일 또는 그 이전에 시설에서 나올 것으로 예상되지 않습니다.

선거법 제 29 조에 의거하여 법률에 의해 규정된 처벌에 따라, 서명자는 이 인증서에 명시된 진술이 진실하고 정확하다는 것을 증명합니다.

날짜 \_\_\_\_\_

신청자의 서명

선거관리위원회 공무원의 확인

신청자의 대문자 이름

**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 \_\_\_\_\_ (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: \_\_\_\_\_