FORM 502 C
Rv. 11/22

FOR OFFICE USE ONLY

Key _____

Pct._____Wd. _____

Code_____

Date _____

芝加哥市選舉委員會

FOR OFFICE USE ONLY

2022 年 11 月 8 日 **普選**

在選舉日前14天內住進醫院、療養院或康復中心的合資格選民之選票申請

在伊利諾州庫克縣芝加哥市_____ 分區，_____ 區**普選**投票。

我聲明我是芝加哥市 _____分區，_____區的居民，居住在伊利諾州庫克縣芝加哥市

_____；我於過去_____個月在以上地址居住；於 2022 年 11 月 8 日在該分區舉行的**普選**我有合法投票權，我的身體狀況使我在選舉當天無法前往該分區的投票站，原因如下：

我是 _____的病人，該院位於 _____，
(醫院、療養院或康復中心)

_____ 市 (村) _____縣。我因 _____
(病因或身體受傷)

於 _____ 進院， 並預期在選舉日或之前不會出院。
(入院日期)

我特此申請一張或數張正式選票，爲我在本次選舉中投票使用，我並同意在選舉日或之前把該選票或該些選票交回發出選票的選舉委員會。以承擔選舉法第 29 節法律規定的處罰爲保證，以下簽署人確認本申請中所載陳述爲真實及正確 。

我隸屬於並希望在以下政黨的初選中投票(如果適用)：(勾選一項)

☐ 民主黨 ☐ 共和黨 ☐ 綠黨 ☐ 自由黨 ☐ 無黨派

日期 _____

_____
申請人簽名

_____
選委會人員核對

_____
申請人用正楷填寫姓名

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 _____

有問題？請致電郵寄投票部 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:_____

有問題？請致電郵寄投票部 312-269-7967