FORM 502
Rv. 11/22

FOR OFFICE USE ONLY

Key _____

Pct._____Wd. _____

Code_____

Date _____

BOARD OF ELECTION COMMISSIONERS
CITY OF CHICAGO

NOVEMBER 8, 2022 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. 8, 2022**, 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.

I am affiliated with and desire to vote in the primary election of the following party or parties, where applicable: (check one)
☐ Democratic ☐ Republican ☐ Green ☐ Libertarian ☐ Non-Partisan

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:_____

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