

**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.