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	election	on in the County of	and State of
Illinois, in the	precinct of the (1)*Township of	
(2)*City of	or (3)	*	Ward in the City of
	I state that I am affiliate		
election only) and that I a	m a resident of the	precinct o	f the (1) *Township of
	(2) *City of	or (3)*	Ward in the
City of	residing at		in such city or
town in the County of _	and \$	State of Illinois; that I hav	e lived at such address for
month(s) last	past; that I am lawfully entitled	to vote in such precinct a	t the
election to be held there	ein onthat I shall I	be physically incapable of	being present at the polls of
such precinct on the dat	e of holding such election for th	e following reasons:	
I am a patient in		rsing home or rehabilitation	located center)
at(address of hospital	nursing home or rehabilitation cen	-	·
onan (date of admission)	I was admi	(nature of illness I from the hospital, nursing	or physical injury) g home, or rehabilitation
	day of the election, or if releas ravel to the polling place.	ed, I'm expected to be ho	omebound on the day of the
	application for an official ballo such ballot or ballots to the office		
	s as provided by law pursuant his certification are true and co		ndersigned certifies that the
*Fill in either (1), (2), or	(3)		
	-	Signat	ure of Applicant
	-	(Name of Applica	ant - Please Print)

Neither Application for Ballot or Ballot is to be mailed - personal delivery only. See reverse side for appropriate affidavit and certificate that must accompany SBE No. A-12.

CERTIFICATE OF ATTENDING HEALTH CARE PROFESSIONAL

I, state that I practice ir		hysician, State		•	_		r physic that	cian ass State	istan I	t, du hav	•	sed t amin	
practice ii							who	has	bee		admitte		to
						cated at			DGC	71 1	aumin	su	io
(name of ho	ospital/n	ursing ho	me/reha					of hospi	tal/hc	me/	rehab c	ente	_ r)
				ir	n the City o	of						aı	nd
County of				for		(nature of	illness	or nhysi	ral in	iury)			
						(nataro or		or priyon					
I therefore, b	elieve th	nat he/sh	e will be	unable to a	attend the	polls, or if r	elease	d, he/sh	e will	be h	omebo	und c	 on
the day of th	e electio	n and ur	nable to	travel to th	e polling p	olace on		insert e	lootio	n do	to\		
							(insert e	ectio	n da	te)		
(Date)							(Signa	ature)					
								(Date I	_icen	sed)			
=======		 Δ F	====== FIDA\/I	======= T FOR PE	RSONAI	DELIVERY			====	====		====	==
						rsing Hom			r)				
I,		,			•	_do solemn			•	hat I	am		
	A relativ	e of the a	above na	amed admi	itted voter								
	A registe	ered vote	r of the	same prec	inct as the	e admitted	voter.						
I further s	state tha	ıt						, who	has	bee	n admi	tted 1	to a
hospital/nurs ballot, to be return said b date of the e	voted by allot sed	him/her	, for pers	sonal delive	ery by me	. I further s	tate tha	t upon c	comp	letior	n of voti	ng l s	shall
	(Date)				(Signat	ture of Rela	ative or	Registe	red V	oter/	of Pred	 cinct)	
Subscribed a	and swo	rn to (or a	affirmed)) by								_befo	re
me, on(inse	ert mont	h, day, ye	 ear)										
	(SEAL)						(Notar	y Public)				
		The affic	lavit for I	 Personal D	elivery of	Ballot is to	be com	pleted]	

and notarized in the office of the Election Authority.