

RETURN TO:
DuPage County Election Commission
421 N. County Farm Road
Wheaton, Illinois 60187

| | | |
|-----------------------------------|--|--------------------------------|
| BALLOT STYLE | ENTER VOTER'S CONSECUTIVE NUMBER NO. _____ | JUDGE'S INITIALS |
| FOR ELECTION AUTHORITY'S USE ONLY | | FOR JUDGE OF ELECTION 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 _____ Election in DuPage County, Illinois, in the Township of _____ Precinct No. _____.

I state that I am a resident in the precinct specified above, residing at:

(APPLICANT'S FULL ADDRESS: STREET ADDRESS, CITY/VILLAGE, ZIP CODE)
in the County of DuPage and State of Illinois: that I have lived at said address for 30 days or more preceding this election; that I am lawfully entitled to vote in such precinct at such election to be held herein on _____, 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:
(MONTH DAY YEAR)

I am a patient/resident in _____ located at _____
(NAME OF HOSPITAL, NURSING HOME, OR REHABILITATION CENTER) (STREET ADDRESS OF HOSPITAL, NURSING HOME, OR REHABILITATION CENTER)

in the City/Village of _____ in the County of _____.

I was admitted for _____ on _____ and I do not expect to be released from the hospital, nursing home or rehabilitation center on or before the day of the election. If released, I expect to be homebound on the day of the election and unable to travel to the polling place.
(NATURE OF ILLNESS OR PHYSICAL INJURY) (MONTH DAY YEAR)

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 in sufficient time for the ballot to be delivered by the election authority to the proper authorized counting center.

Under penalties as provided by law pursuant to 10 ILCS 5/29-10, the undersigned certifies that the statements set forth in this certification are true and correct.

I request ballot for: _____ Party
(FOR A PRIMARY ELECTION ONLY)

NOTE:
Neither Application for Ballot or Ballot is to be mailed.
PERSONAL DELIVERY ONLY
See below for appropriate affidavits that must accompany this form.

(SIGNATURE OF APPLICANT)

(NAME OF APPLICANT - PLEASE PRINT)

(APPLICANT'S DATE OF BIRTH)

AFFIDAVIT OF ATTENDING PHYSICIAN

I state that I am a physician duly licensed to practice in the State of _____; that I examined _____
(NAME OF APPLICANT)

a patient/resident in _____ located at _____
(NAME OF HOSPITAL, NURSING HOME, OR REHABILITATION CENTER)

(STREET ADDRESS OF HOSPITAL, NURSING HOME, OR REHABILITATION CENTER)

in the City/Village of _____ and the County of _____ for:

(NATURE OF ILLNESS OR PHYSICAL INJURY)

I, therefore, believe that he/she will be unable to attend the polls on _____.
(DATE OF ELECTION - MM/DD/YY)

(MONTH DAY YEAR)

(SIGNATURE OF ATTENDING PHYSICIAN)

(DATE OF LICENSE - MM/DD/YY)

**AFFIDAVIT FOR PERSONAL DELIVERY OF BALLOT
(To Admitted Voter)**

I, _____ do solemnly swear (or affirm) that I am:
(NAME OF RELATIVE OR REGISTERED VOTER OF PRECINCT)

- a relative of the above named admitted voter
- a registered voter of the same precinct as the admitted voter

I further state that _____ who has been admitted, has requested that I obtain and deliver to him/her an absentee 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, securely sealed by the voter, to the Election Authority before 7 p.m. on Election Day.
(NAME OF APPLICANT)

NOTE:
The Affidavit for Personal Delivery of Ballot is to be completed and notarized in the office of the Election Authority

(MONTH DAY YEAR)

(SIGNATURE OF RELATIVE OR REGISTERED VOTER OF PRECINCT)

Subscribed and sworn to (or affirmed) by _____ before me,

on _____
(MONTH DAY YEAR)

(SIGNATURE OF NOTARY PUBLIC)

(NOTARY SEAL)