Emergency Patient Mail Ballot Application

For voters who have been admitted to a hospital/nursing home/rehabilitation center fourteen days or less before Election Day.

election: _____ date of election: _____

Under penalties pursuant to Section 29-10 (perjury) of the Illinois Election Code, I affirm that all of the statements on this application are true and correct. I am applying for a mail ballot, which I will arrange for return to the Cook County Clerk's office before the polls close on Election Day. Under state law, ballots received after this time cannot be counted. I have (or will have) resided at the following address for at least 30 days before Election Day listed above. I am legally entitled to vote in this election.

1   Please print applicant's name and complete voting address.

name

address

village/city   zip code   township

precinct #   ward # (Berwyn and Evanston townships only)

2   I was admitted to a hospital/nursing home/rehabilitation center fourteen days or less before Election Day and do not expect to be released on or before Election Day.

nature of illness

date admitted

name of hospital/nursing home/rehabilitation center

address

city/village   state   zip code

signature of patient

3   Check the party for which you are requesting an absentee ballot (Primary Elections only).

◯ Democratic primary   ◯ Republican primary   ◯ _____ primary (if applicable)   ◯ Non partisan (if applicable)

Certificate of Attending Physician

Under penalties pursuant to Section 29-10 (perjury) of the Illinois Election Code, I affirm that all of the statements on this application are true and correct. I am an attending physician and have examined the patient in the state where I am licensed to practice medicine and do not expect the patient to be released from the hospital on or before Election Day.

1   Please print the following patient information.

name of patient

nature of illness

date admitted   name of facility

address

city/village   state   zip code

2   Please print the following physician information.

name of physician

state licensed to practice in   date licensed

signature of physician

❗ **This form must be delivered in person to the Cook County Clerk's Office:**
69 W. Washington St., Room 500, Chicago, IL 60602.
If you have any questions, please call (312) 603-0929.

Affidavit for Personal Delivery of Ballot for voter admitted to a hospital/nursing home/rehabilitation center

Supplement to Emergency Patient Mail Ballot Application

date of election: _____

Under penalties pursuant to Section 29-10 (perjury) of the Illinois Election Code, I affirm that all of the statements on this affidavit are true and correct. I am a relative of the voter admitted to a hospital/nursing home/rehabilitation center or a registered voter of the same precinct and have been asked to return his/her ballot to the Cook County Clerk's office before the polls close at 7 pm on Election Day. Under state law, ballots received after this time cannot be counted.

I, _____ do solemnly swear (or affirm) that I am a (check one):
please print name

○ relative of the admitted voter named on the Emergency Patient Mail Ballot Application.   _____
print nature of relationship

or

○ registered voter living in the same precinct as the admitted voter named on the Emergency Patient Mail Ballot Application.

_____ has requested that I obtain and deliver to him/her a mail
print name of admitted voter

ballot to be voted by him/her. After the ballot is voted, I will return the securely sealed ballot to the Cook CountyClerk's office

before 7 pm on Election Day.

Please print the following information and sign where indicated.

name of individual delivering ballot
_____

address
_____

village/city   zip code   township
_____

signature
_____

❗ This form must accompany the Emergency Patient Mail Ballot Application.
It must be delivered in person to the Cook County Clerk's Office:
69 W. Washington St., Room 500, Chicago, IL 60602.
If you have any questions, please call Ruth Williams at 312 603 0929.