Emergency Patient Mail Ballot Application

Form 709

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

city/village zip code

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 a mail ballot ***(Primary Elections only)*****.**

○ Democratic ○ Republican ○ _____ *(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.

For Office Use Only

Voter ID #

Township: _____ Precinct: _____ Ward: _____

6/25/19