

# 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 a mail 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 County Clerk'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.**