

Patient: _____

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS**

BRENDA LEE et al.,)	
)	Case No. 1:13-cv-8719
Plaintiffs,)	
)	Honorable Judge
v.)	Sharon Johnson Coleman
)	
DAVID ORR,)	
Defendant.)	

PHYSICIAN CERTIFICATION

I, Dr. _____, M.D., certify as follows:

1. I am a medical doctor, licensed to practice medicine and I am board certified.
2. I am either:
 - a. a treating Physician for _____ (Patient);
OR
 - b. familiar with the Patient’s medical prognosis after reviewing his/her records and speaking with the Patient.
3. I accordingly have personal knowledge of the state of the Patient’s health.
4. The Patient has a need to marry on or before June 1, 2014, due to a life threatening illness.

Under penalties as provided by law, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters, the undersigned certifies as aforesaid that s/he verily believes the same to be true.

(Signature)

(Date)

Dr. _____

Physician License # _____

Physician Address _____

Physician Phone # _____