RETURN TO:
DuPage County Election Commission
421 N. County Farm Road
P.O. Box 1087
Wheaton, Illinois 60189

Voter Code	Ballot Style	Enter Voter's Consecutive Number No. _____	Judge's Initials	Enter Voter's Serial Number
For Election Authority's Use Only		For Judge's Use Only		

APPLICATION FOR BALLOT FOR QUALIFIED VOTER ADMITTED TO HOSPITAL, NURSING HOME, OR REHABILITATION CENTER NOT MORE THAN 5 DAYS BEFORE AN ELECTION

SBE No. A-12
Revised August 2005
10 ILCS 5/19-13

AB-7DP

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 _____
(Complete Residence Address)

_____

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 therein 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:

I am a resident in _____hospital, nursing home, or rehabilitation center, located at _____
(Name of Hospital, Nursing Home, or Rehabilitation Center) (Address of Facility)

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

I was admitted for _____.
(Nature of Illness or Physical Injury)

on , _____ _____and I do not expect to be released from the hospital, nursing home or rehabilitation center on or before the day of election.
(Date of Admission)

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)

_____
(Signature of Applicant)

_____
(Name of Applicant - Please Print)

_____
(Date of Birth)

NOTE: Neither Application for Ballot or Ballot is to be mailed- **personal delivery only.** See reverse side for appropriate affidavits that must accompany this form.

AFFIDAVIT OF ATTENDING PHYSICIAN

I state that I am a physician duly licensed to practice in the State of _____.

in that State I have examined _____ who has been

admitted to _____ hospital located at

_____
(Name of Hospital, Nursing Home, or Rehabilitation Center)

_____ in the City of _____

and County of _____ for:

_____
(Nature of Illness or Physical Injury)

_____

_____

I, therefore, believe that he/she will be unable to attend the polls on _____ _____.

_____	_____	_____
(Date)	(Signature of Attending Physician)	(Date Licensed)

AFFIDAVIT FOR PERSONAL DELIVERY OF BALLOT
(To Admitted Voter)

I, _____ do solemnly swear (or affirm) that I am

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 in sufficient time for delivery to the polls.

_____ (Date)

_____ (Signature of Relative or Registered Voter of Precinct)

Subscribed and sworn (or affirmed) to before me this _____ day of _____ A.D. _____.

_____
(Notary Public)

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