

APPLICATION FOR IDENTIFICATION CARD BY AN ELECTOR WHO IS PERMANENTLY DISABLED

Upon the filing of this affidavit, the DuPage County Election Commission will automatically and without any initiative on the part of the applicant, forward a completed application for ballot for any regularly scheduled election held within the next five (5) years under the jurisdiction of its Board.

State of Illinois }
County of DuPage } ss.

To: **DuPage County Election Commission**

1 I, _____, do solemnly swear or affirm that I reside
(NAME OF APPLICANT)
at _____ in the City / Village / Unincorporated Area
(STREET ADDRESS) (CIRCLE ONE)
of _____ township of _____ Precinct Number _____ and
(LIST MUNICIPALITY THAT PROVIDES POSTAL SERVICE) (DESIGNATE TOWNSHIP) (DESIGNATE PRECINCT NUMBER)
am registered and fully qualified to vote from said address; that I am (check the appropriate box)

- (1) Permanently Disabled (**NOTE: PHYSICIAN'S AFFIDAVIT IS REQUIRED**) - The nature of the disability being specifically described in the accompanying Affidavit of Attending Physician.
- (2) A holder of an Illinois Disabled Person Identification Card which indicates Class 1A of Class 2 disability. (**NOTE: PHYSICIAN'S AFFIDAVIT NOT REQUIRED**)

I am incapable of being present at the polls to vote at any election to be held within my election district. I hereby make application for the appropriate Voter Identification Card. I further swear or affirm that in the event I become capable of resuming normal voting, I will surrender my card to the Election Authority.

2 _____
(DATE OF BIRTH) (SIGNATURE OF APPLICANT) (TODAY'S DATE)

3 WITNESS OF APPLICANT SIGNATURE :
Signed and Sworn to by _____
(NAME OF APPLICANT)
who is personally known to me on _____
(MM-DD-YY)

(WITNESS SIGNATURE)

Address to which card is to be mailed (if different than above):

FOR ELECTION AUTHORITY USE ONLY	FOR ELECTION AUTHORITY USE ONLY	FOR ELECTION AUTHORITY USE ONLY	FOR ELECTION AUTHORITY USE ONLY
_____ (DATE APPLICATION RECEIVED)	_____ (CARD NUMBER)	_____ (DATE ISSUED)	_____ (EXPIRATION DATE)

AFFIDAVIT OF ATTENDING PHYSICIAN

State of Illinois }
County of DuPage } ss.

4 I, _____, do solemnly swear or affirm that
(NAME OF PHYSICIAN)
I am a physician, duly licensed to practice in the State of **5** _____ that I have
(DESIGNATE STATE(S))
examined **6** _____ and that I believe that he / she is permanently
(NAME OF APPLICANT) (CIRCLE ONE)
incapable of being present at the polls for the following reasons **7** _____.

8 WITNESS OF PHYSICIAN SIGNATURE :
Signed and Sworn to by _____
(NAME OF PHYSICIAN)
who is personally known to me on _____
(MM-DD-YY)

(SIGNATURE OF WITNESS)

UNDER PENALTIES AS PROVIDED BY LAW PURSUANT TO 10ILCS 5/29-10, THE UNDERSIGNED CERTIFIES THAT THE STATEMENTS SET FORTH IN THIS CERTIFICATION ARE TRUE AND CORRECT.

9 _____
(SIGNATURE OF PHYSICIAN)

(DATE LICENSED)

PLEASE RETURN THIS FORM TO:
DuPage County Election Commission
421 North County Farm Road, P.O. Box 1087
Wheaton, Illinois 60189-1087 (630) 407-5607