Emergency Patient Absentee Ballot Application
For voters who have been admitted to a hospital/nursing home/rehabilitation center fourteen days or less before Election Day.

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 an absentee 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.

<table>
<thead>
<tr>
<th>name</th>
<th>address</th>
<th>village/city</th>
<th>zip code</th>
<th>township</th>
</tr>
</thead>
<tbody>
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2 I was admitted to a hospital/nursing home/rehabilitation center five days or less before Election Day and do not expect to be released on or before Election Day.

<table>
<thead>
<tr>
<th>nature of illness</th>
<th>date admitted</th>
<th>name of hospital/nursing home/rehabilitation center</th>
<th>address</th>
<th>city/village</th>
<th>state</th>
<th>zip code</th>
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signature of patient

3 Check the party for which you are requesting an absentee 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.

<table>
<thead>
<tr>
<th>name of patient</th>
<th>nature of illness</th>
<th>date admitted</th>
<th>name of facility</th>
<th>address</th>
<th>city/village</th>
<th>state</th>
<th>zip code</th>
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2 Please print the following physician information.

<table>
<thead>
<tr>
<th>name of physician</th>
<th>state licensed to practice in</th>
<th>date licensed</th>
<th>signature of physician</th>
</tr>
</thead>
<tbody>
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**Affidavit for Personal Delivery of Ballot for voter admitted to a hospital/nursing home/rehabilitation center**

**Supplement to Emergency Patient Absentee 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):

- relative of the admitted voter named on the Emergency Patient Absentee Ballot Application
- registered voter living in the same precinct as the admitted voter named on the Emergency Patient Absentee Ballot Application.

__________________________ has requested that I obtain and deliver to him/her an absentee 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 Absentee 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 (312) 603-0929.