

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.

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 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.

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 five 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 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.

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.**

Election judges

List application # _____

supplement to form 709

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):
please print name

relative of the admitted voter named on the Emergency Patient Absentee Ballot Application _____
print nature of relationship

or

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
print name of admitted voter
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.

01/2009