

RETURN TO:
Kane County Elections
719 S. Batavia Ave., Bldg. B
Geneva, IL 60134

Suggested
Revised June, 2015
SBE No. A-12

**APPLICATION FOR BALLOT FOR QUALIFIED VOTER ADMITTED TO THE HOSPITAL,
HEALTH CARE FACILITY OR REHABILITATION CENTER NOT MORE THAN 14 DAYS BEFORE AN ELECTION**

To be voted at the _____ Election in Kane County, Illinois in the Township of _____
Precinct _____, I state that I am a resident in the specified precinct and I reside at:

In the County of Kane and State of Illinois. I have lived at said address for 30 days or more preceding this election; I am lawfully entitled to vote in such precinct at such election to be held herein on _____ - _____ - _____ that I shall be physically incapable of being present at the polls in such precinct on the date of such election for the following reasons:

I am a patient / resident in _____ located at _____
In the City / Village of _____ in the County of _____.

I was admitted for _____ on _____ - _____ - _____ and do not expect to be released from the hospital, health care facility or rehabilitation center on or before the day of the election. If released, I expect to be homebound on the day of the election and unable to travel to the polling place. I hereby make application for an official ballot to be voted by me at such election, and I agree that I shall return such ballot to the official issuing the same prior to the closing of the polls on the date of the election.

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 a ballot for _____ Party
(FOR A PRIMARY ELECTION ONLY)

(SIGNATURE OF APPLICANT)

(NAME OF APPLICANT – PLEASE PRINT)

(APPLICANT'S DATE OF BIRTH)

NOTE: Neither the Application for Ballot or Ballot are to be mailed - PERSONAL DELIVERY ONLY.
Please complete the appropriate affidavit on the next page. It must accompany this form.

AFFIDAVIT OF ATTENDING PHYSICIAN

I state that I am a physician duly licensed to practice in the State of _____; that I examined _____
_____ a patient / resident in _____
(NAME OF HOSPITAL, FACILITY OR REHABILITATION CENTER)

Located at _____

In the City/ Village of _____ and the County of _____ for:

(NATURE OF ILLNESS OR PHYSICAL INJURY)

I therefore, believe that he/she will be unable to attend the polls on _____.
(DATE OF ELECTION)

(DATE)

(SIGNATURE OF ATTENDING PHYSICIAN)

(DATE LICENSED)

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AFFIDAVIT FOR PERSONAL DELIVERY OF BALLOT

(To Voter Admitted to Hospital / Nursing Home / Rehab Center)

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 to a hospital / nursing home / rehabilitation center, has requested that I obtain and deliver to him/her a vote by mail 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 prior to the closing of the polls on the date of the election.

(Date)

(Signature of Relative or Registered Voter of Precinct)

Subscribed and sworn to (or affirmed) by _____ before

me on _____
(Insert month, day, year)

(Notary Public)

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