



**APPLICATION FOR BALLOT FOR A QUALIFIED VOTER ADMITTED TO A HOSPITAL,
NURSING HOME OR REHABILITATION CENTER, NOT MORE THAN 14 DAYS
BEFORE AN ELECTION**

DEKALB COUNTY, ILLINOIS

Applicant's Information

**Nursing Home, Hospital or Rehabilitation
Center Information**

Name	
Street Address	
City, State, Zip	
County	
Date of Birth	
Phone Number	
Email	
To be voted at the	
Date of Election	

Name of Facility	
Street Address	
City, State, Zip	
County	
Date of Admission	

Primary Only: I request a ballot for the _____ party.

I certify that I reside at the address specified above, that I have lived at such address for 30 days or more preceding this election, that I am lawfully entitled to vote in election to be held therein, and that I wish to vote by a hand carried Vote by Mail ballot.

I do not expect to be released from the hospital, nursing home or rehabilitation center on or before the day of the election, or if released, I'm expected to be homebound on the day of the election and unable to travel to my polling place.

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 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.

Signature of Applicant

Date

Neither the application to vote or ballot is to be mailed – **Personal Delivery Only.**
See reverse side, or back page for appropriate affidavit and
certificate that must accompany application.

CERTIFICATE OF ATTENDING HEALTH CARE PROFESSIONAL

I, _____, state that I am a representative of a health care facility and attest
Print Name

that _____ has been admitted to _____,
Patient Name Name of Facility

located at _____
Address of Facility City, State & Zip Code

Date of Admission: _____

I therefore, believe that he/she will be unable to attend the polls, or if released, they will be homebound on the day of the election and unable to travel to their polling place on _____.
Insert Date of Election

Signature Date Licensed Today's Date

AFFIDAVIT FOR PERSONAL DELIVERY, OF A BALLOT, TO A VOTER ADMITTED TO A HOSPITAL, NURSING HOME OR REHABILITATION CENTER

I, _____ do solemnly swear (or affirm) I am
Please Print Courier's Name

A relative or acquaintance of the above admitted voter.

A registered voter of the same precinct as the name 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 ballot, to be voted by them, 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 election day.
Please Print Patient's Name

Signature of Relative, Acquaintance or Registered Voter of Precinct Today's Date

Subscribed and sworn to (or affirmed) by _____ before me, on

_____.
Insert Month, Day & Year

Notary Public Signature

Seal

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