

AFFIDAVIT OF ATTENDING PHYSICIAN

State of Illinois)
) SS.
County of Will)

I, _____, do solemnly swear (or affirm) that
I am a physician, duly licensed to practice in the State of _____ that I have
examined _____ and that I believe he/she is permanently
incapable of being present at the polls for the following reason(s):

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.

(Signature of Physician)

(Date Licensed)

Mail completed Application and Affidavit to:

Will County Clerk's Office
Attention: Vote by Mail Department
302 N. Chicago St.
Joliet, IL 60432