

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

To be voted at the _____ election in the County of _____ and State of
Illinois, in the _____ precinct of the (1)*Township of _____
(2)*City of _____ or (3)* _____ Ward in the City of
_____. I state that I am affiliated with the _____ Party (primary
election only) and that I am a resident of the _____ precinct of the (1) *Township of
_____ (2) *City of _____ or (3)* _____ Ward in the
City of _____ residing at _____ in such city or town
in the County of _____ and State of Illinois; that I have lived at such address for _
month(s) last past; that I am lawfully entitled to vote in such precinct at the _____ election to be held
therein on ___ that I shall be physically incapable of being present at the polls of such precinct on the date of
holding such election for the following reasons:

I am a patient in _____ located
(name of hospital, nursing home or rehabilitation center)
at _____ in the City/Village of _____
(address of hospital, nursing home or rehabilitation center)
in the County of _____. I was admitted for _____
(nature of illness or physical injury)
on _____ and I do not expect to be released from the hospital, nursing home, or rehabilitation
(date of admission)
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 the 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.

*Fill in either (1), (2), or (3)

Signature of Applicant

(Name of Applicant - Please Print)

Neither Application for Ballot or Ballot is to be mailed -
personal delivery only. See appropriate affidavit and
certificate that must accompany SBE No. A-12.

CERTIFICATE OF ATTENDING HEALTH CARE PROFESSIONAL

I, state that I am a physician, advanced practice registered nurse, or physician assistant, duly licensed to practice in the State of _____, in that State I have examined _____ who has been admitted to _____ located at _____ (name of hospital/nursing home/rehabilitation center) (address of hospital/home/rehab center) _____ in the City of _____ and County of _____ for _____ (nature of illness or physical injury)

I therefore, believe that he/she will be unable to attend the polls, or if released, he/she will be homebound on the day of the election and unable to travel to the polling place on _____ (insert election date)

(Date)

(Signature)

(Date Licensed)

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)

(SEAL)

(Notary Public)

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

**SOLICITUD DE BOLETA PARA VOTANTE CALIFICADO
INGRESADO EN EL HOSPITAL, ASILO O CENTRO DE REHABILITACIÓN
NO MÁS DE 14 DÍAS ANTES DE UNA ELECCIÓN**

Para ser votado en la _____ elección en el Condado de _____ y el Estado de Illinois, en el _____ precinto del (1)*Municipio de _____ (2)*Ciudad de _____ o (3)* _____ Distrito Electoral de la Ciudad _____. Declaro que estoy afiliado al Partido _____ (elección primaria solamente) y que soy residente del _____ precinto del (1) *Municipio de _____ (2) *Ciudad de _____ o (3)* _____ Distrito Electoral de la Ciudad de _____ con domicilio en _____ en dicha ciudad o pueblo en el Condado de _____ y el Estado de Illinois; que he vivido en esa dirección por lo menos _____ mes(es); que tengo derecho legal a votar en dicho precinto en la elección _____ que se celebrará en _____ que seré físicamente incapaz de estar presente en las urnas de dicho precinto en la fecha que se celebrará dicha elección por los siguientes motivos:

Soy un paciente en _____ ubicado
(nombre de hospital, asilo o centro de rehabilitación)
en _____ en la Ciudad/Pueblo de _____
(dirección de hospital, asilo o centro de rehabilitación)
en el Condado de _____. Fui admitido por _____
(naturaleza de la enfermedad o lesión física)
en _____ y no espero ser dado de alta del hospital, asilo o centro de rehabilitación en o antes
(fecha de admisión)
del día de la elección, o ser liberado, se espera que esté confinado en casa el día de la elección y no pueda viajar al lugar de votación.

Por la presente solicito que una boleta o boletas oficiales sean votadas por mí en dicha elección, y acepto que devolveré dicha boleta o boletas al funcionario que emita la misma antes del cierre de las urnas en la fecha de la elección.

Bajo las penas previstas por la ley de conformidad con 10 ILCS 5/29-10, el abajo firmante certifica que las declaraciones establecidas en esta certificación son verdaderas y correctas.

*Fill in either (1), (2), or (3)

Firma del Solicitante

(Nombre Impreso del Solicitante)

Ni la Solicitud de Boleta ni la Boleta deben enviarse por correo -
solo entrega personal. Consulte la declaración jurada y certificado
que deben acompañar al SBE No. A-12.

CERTIFICATE OF ATTENDING HEALTH CARE PROFESSIONAL
CERTIFICADO DE PROFESIONAL DE LA SALUD

I, state that I am a physician, advanced practice registered nurse, or physician assistant, duly licensed to practice in the State of _____, in that State I have examined _____ who has been admitted to _____ located at _____ (name of hospital/nursing home/rehabilitation center) _____ (address of hospital/home/rehab center) _____ in the City of _____ and County of _____ for _____ (nature of illness or physical injury)

I therefore, believe that he/she will be unable to attend the polls, or if released, he/she will be homebound on the day of the election and unable to travel to the polling place on _____ (insert election date)

(Date) _____ (Signature)

(Date Licensed)

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DECLARACIÓN JURADA PARA ENTREGA PERSONAL DE BOLETA
(Para el Votante Admitido en el Hospital/Asilo/Centro de Rehabilitación)

Yo, _____ juro solemnemente (o afirmo) que soy

- Un pariente de la o el votante ingresado/a mencionado/a anteriormente.
- Un votante registrado del mismo precinto que el/la votante admitido.

Además, declaro que _____, quien ha sido ingresado a un hospital/asilo/centro de rehabilitación, ha solicitado que yo obtenga y le entregue una boleta de Voto por Correo, para que el/ella vote, para que yo la entregue personalmente. Además, declaro que al finalizar la votación devolveré dicha boleta sellada de forma segura por el votante a la autoridad electoral antes del cierre de las urnas en la fecha de la elección.

(Fecha) _____ (Firma del Familiar de Votante o Firma del Votante Registrado en el Precinto)

Suscrito y jurado (o afirmado) por _____ ante mí, en _____ (mes, día, año)

(SEAL) _____ (Notary Public / Notario Público)

La declaración jurada para la Entrega Personal de la Boleta debe completarse y notariarse en la oficina de la Autoridad Electoral.