FOR ELECTION AUTHORITY USE	Voter ID «Voter_ID»	Card No.	Issued Date	Expiration Date

10ILCS 5/19-12.1

APPLICATION FOR VOTE BY MAIL VOTER'S 5 YEAR IDENTIFICATION CARD

State of Illinois)
) SS.
County of Will)

Date: _____

To: LAUREN STALEY FERRY, COUNTY CLERK OF WILL COUNTY

I, _____, do solemnly swear (or affirm) that I

reside at _____ in _____ Township

Precinct Number _____ and am registered and fully qualified to vote from said address;

that I am:

✓ (Check the Appropriate Box)

☐ (1) permanently disabled

☐ (2) a resident of a nursing home or care facility

☐ (3) a holder of an Illinois Person with a Disability Identification Card which indicates Class 1A or Class 2 disability. (The card shows a photo of the applicant and lists the classifications of the applicant's disability.) **NOTE: PHYSICIAN'S AFFIDAVIT NOT REQUIRED**

Illinois Person with a Disability Identification Card #: _____

Due to the nature of the disability being specifically described in the accompanying Affidavit of Attending Physician, I am incapable of being present at the polls to vote at any election to be held within my election district. I hereby make application for the appropriate Voter Identification Card. I further swear (or affirm) that in the event I become capable of resuming normal voting, I will surrender my card to the Election Authority.

✓_____
(Signature of Applicant)

Mailing Address, if different than above address:

_____

_____

_____

(see reverse side for Physician's Affidavit)

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