APPLICATION FOR ABSENTEE VOTER'S 5 YEAR INCAPACITATED PROGRAM

State of Illinois
County of ____________ } SS.
City of ____________

Date: ____________, 20 ____

To the ____________ (Election Authority) of ____________ (County - City)

I, ____________, do solemnly swear (or affirm) that I reside at ____________ (Address) in ____________ (City, Village, Township, etc.)

Precinct No. ____________ 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 Disabled Person Identification Card, which indicates Class 1A or Class 2 disability. (NOTE: PHYSICIAN'S AFFIDAVIT NOT REQUIRED)

Due to the nature of the disability beingspecifically 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 Incapacitated Program. I further swear or affirm that in the event I become capable of resuming normal voting, I will advise the Election Authority in writing that I no longer need to be on the program.

I give permission for the ____________ (Name of Health Care Facility) to mail my application for the Absentee Voter's 5 Year Incapacitated Program and Affidavit of Attending Physician to the Champaign County Clerk.

Address to which application/ballot is to be mailed:

____

____

Zip ____________

____________ (Party Preference)

____________ (Signature of Applicant)

Signed and sworn to (or affirmed) by:

____________ (Print Name of Applicant)

Before me, this ____ day of ____________, 20____

____________ (Signature and Official Capcity of Person Authorized to Administer Oaths)

FOR ELECTION AUTHORITY USE ONLY

Application Received ____________

Expiration Date

THIS APPLICATION MUST BE ACCOMPANIED BY THE AFFIDAVIT OF ATTENDING PHYSICIAN

(See Reverse Side)

Penalty: Any person who knowingly subscribes to a false statement in connection with voting under this Section (19-12.1) shall be guilty of a Class A misdemeanor.

B-6-5
10 ILCS 5/19-12.1
Revised October, 2005

AFFIDAVIT OF ATTENDING PHYSICIAN

State of Illinois
County of ____________________ } SS.
City of ____________________

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 that he/she is permanently incapable of being present at the polls for the following reasons:

____

____

____

____

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 Physician)

____
(Date Licensed)

Signed and sworn to (or affirmed) by

____
(Print Name of Physician)

before me, this ______ day of ____________, 20____.

(SEAL)