

FORM FOR A 5-YEAR ABSENTEE APPLICATION REQUEST

State of Illinois )  
County of Winnebago ) ss.  
City of Rockford )

To the Board of Election Commissioners of Rockford, Illinois,

I \_\_\_\_\_, do solemnly swear (or affirm) that I reside  
at \_\_\_\_\_ in Rockford, Illinois, Ward \_\_\_\_\_ Precinct \_\_\_\_\_ and am registered  
and fully qualified to vote from said address; that I am (check the appropriate box below)

- permanently disabled
- a holder of an Illinois Disabled Person Identification Card which indicates Class 1A or  
Class 2 disability. (Note: Physician's affidavit NOT required.)

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.

\_\_\_\_\_  
(Signature or Mark of Applicant)

\_\_\_\_\_  
(Date Signed)

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AFFIDAVIT OF ATTENDING PHYSICIAN

State of Illinois )  
County of Winnebago ) ss.  
City of Rockford Board )

I, \_\_\_\_\_, do solemnly swear that I am a physician, duly licensed to  
Practice in the State of Illinois, that I have examined \_\_\_\_\_  
and that I believe he/she is permanently incapable of being present at the polls for the following reason:

\_\_\_\_\_  
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 Signed)