

APPLICATION FOR DISABLED VOTER'S 5-YEAR ABSENTEE REQUEST

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

Date _____, 20__.

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. 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)

(Date Signed)

AFFIDAVIT OF ATTENDING PHYSICIAN

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

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.

Physician) (Date Licensed)

(Signature of

(Date Signed)