State of Illinois }
County of Cook } ss

Application for the Disabled Absentee Voter Program

For voters who are incapable of voting at a polling place on Election Day because of a permanent physical disability

This program allows permanently disabled voters to automatically receive an absentee ballot application for every election for the next five years. Voters must complete and return the application before every election in order to receive an absentee ballot.

This application and affidavit must be completed by your physician and sworn to before a notary public.

The Clerk's office will process this application and mail you a Disabled Voter Identification Card that will list your disabled voter identification number. You must include your disabled voter identification number on your absentee ballot application.

Under penalties pursuant to Section 29-10 (perjury) of the Illinois Election Code, I affirm that all of the statements on this application are true and correct. I am applying for a Disabled Voter's Identification Card because I have a permanent disability that makes it improbable that I will be able to vote in-person at the polling place for any future election.

**1   Please print applicant's name and complete voting address.**

name

address

village/city	zip code	township

precinct #	ward # (Berwyn and Evanston townships only)	

2   Please print the address where the Disabled Voter's Identification Card should be mailed.

name

address

village/city	state	zip code

applicant signature or mark	date	

3   This section must be completed by notary public.

subscribed and sworn to before me on (date) _____

notary public signature _____

notary public seal
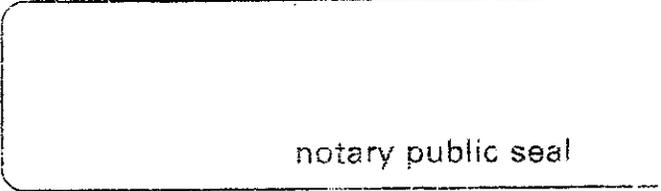
Affidavit of Attending Physician

(to be completed by applicant's physician)

Under penalties pursuant to 29-10 (perjury) of the Illinois Election Code, I affirm that all of the statements on this application are true and correct. I am an attending physician and have examined the patient in the state where I am licensed to practice medicine. I believe he/she will be physically incapable of going to a polling place for any future election for the reason stated below.

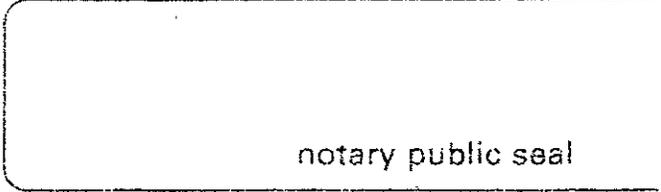**1   Please print the following patient information.**

name of patient

nature of disability

2   Please print the following physician information.

name of physician

state licensed to practice in	date licensed	

signature of physician	date	

3   This section must be completed by notary public.

subscribed and sworn to before me on (date) _____

notary public signature _____

Return this completed form to:
Cook County Clerk David Orr
Attn: Joan Meek, Disability Coordinator
69 W. Washington St., Suite 500, Chicago, IL 60602

notary public seal

If you have any questions, please call Joan Meek, Disability Coordinator, at 312 603 0929.