

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

State of Illinois )  
County of Kendall ) SS. Date \_\_\_\_\_  
(insert month, day, year)

To the KENDALL COUNTY CLERK

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

Address to which card is to be mailed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  
\_\_\_\_\_  
(Signature of Applicant)  
Signed and sworn to ( or affirmed )  
by \_\_\_\_\_ before  
(Name of Applicant)  
me, on \_\_\_\_\_  
(insert month, day, year)

(SEAL) \_\_\_\_\_  
(Signature and Official Capacity of person authorized to administer oaths)

FOR ELECTION AUTHORITY USE	
Application received _____	(insert month, date, year)
Card No. _____	
Issued _____	(insert month, date, year)
Expiration Date _____	(insert month, date, year)

(See reverse side for physician's affidavit)

**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 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.

Subscribed and sworn to (or affirmed)  
by \_\_\_\_\_  
*(Name of Physician)*  
before me, on \_\_\_\_\_  
*(insert month, day, year)*

\_\_\_\_\_  
(Date Licensed)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
NOTARY PUBLIC

(SEAL)