APPLICATION FOR DISABLED VOTER'S IDENTIFICATION CARD

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State of Illinois }
County of DeKalb } SS.
City of _____}

FOR ELECTION AUTHORITY USE

Precinct/Voter Code:_____/_____

Voter I.D. # _____

Application received: _____/_____/_____

Card No.: _____

To the County Clerk of DeKalb County

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) A holder of an **Illinois Disabled Person Identification Card** which indicates Class 1A or Class 2 disability. (NOTE; PHYSICIAN'S AFFIDAVIT NOT REQUIRED)

Class 1 or 2 disability #_____

◯ (2) Permanently Disabled

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.

Address to which card/application is to be mailed:

_____ _____
(Signature of Applicant)

_____

_____ _____
(Name of Applicant)

Telephone #:(_____)_____ Date:_____

(County Seal) _____
(Signature of Election Official)

(See second page for physician's affidavit)

AFFIDAVIT OF ATTENDING PHYSICIAN

State of Illinois }
County of DeKalb } SS.
City of _____}

I,_____, do solemnly swear (or affirm) that I am a physician, duly
(Name of Physician)

licensed to practice in the Sate 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.

_____/_____/_____
(Date Licensed)

_____
(Signature of physician)

Subscribed and sworn to (or affirmed)
by _____
(Name of Physician)

before me, on _____/_____/_____

_____
Notary Public Signature

(SEAL)

10 ILCS 5/19-12.1, SBE #B-6-5