



Application for the Disabled Mail 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 a mail ballot application for every election for the next five years. Voters must complete and return the application before every election in order to receive a mail ballot.

! This application and affidavit must be completed by your physician.

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

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	date of birth	SSN (last 4 digits)
address		
village/city	zip code	
phone number	email address	

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
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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 at 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 patient information.

name of physician	date licensed
state licensed to practice in	
signature of physician	date

Return this completed form to:
Cook County Clerk's Office
Attn: Disability Program
69 W. Washington St., Room 500, Chicago, IL. 60602

For Office Use Only	Voter ID #	_____
	Township: _____ Precinct: _____ Ward: _____	

! If you have any questions, please call 312 603 0938.