APPLICATION FOR ABSENTEE BALLOT BY ELECTOR WHO IS A RESIDENT OF A NURSING HOME OR CARE FACILITY, OR FEDERALLY OPERATED VETERANS' HOME OR HOSPITAL

(must be registered in the precinct in which such facility is located)

To be v	oted at the	Consolidated(Name of Election)	_ Election in the County o	fJefferson	
and the State o	of Illinois in _	(City, V	'illage, Township, District,	Ward, Etc.)	
Precinct No					
I,				, state that I am affilia	ated with
the	n/a	Party (to be	used in partisan primary	elections), that I reside	in the
aforementioned	d precinct at	(Name	of Nursing Home/Care Fa	acility/Veterans' Home)	 I
			(Address)		
and that I am	a registered	d voter in the precin	ct in which such facility	is located. I have live	ed at said
address for	1+	months last past, the	hat I am lawfully entitled	to vote in such precin	nct at said
election, that I	am a resider	nt of the licensed nurs	sing home or care facility,	or veterans' home or h	nospital.
I hereb	y make app	olication for the offici	ial absentee ballot or bal	llots to be voted by m	e at such
election at the	Nursing Hom	ne or Care Facility, or	Federally Operated Vete	rans' Home or Hospita	ı l.
Under	penalties as	provided pursuant to	10 ILCS 5/29-10, I certify	y that the statements se	et forth on
this application	are true and	d correct.			
Date _					
(Signa	ture of Applic	cant)			
(Name	of Applicant	t – please print)			

This application must be made to the election authority not later than 5 days prior to date of election. The judges of election shall deliver in person on the designated day the ballot to the applicant. After the voting has concluded, the judges shall deliver the voted ballots in a sealed envelope to the election authority.