



**JEAN KACZMAREK**  
**COUNTY CLERK**  
DU PAGE COUNTY, ILLINOIS

Dear Applicant:

The attached *Application for Identification Card by an Elector Who Is Permanently Disabled* must be completed to enroll in the Election Commission's Permanently Disabled Vote by Mail voting program. Once enrolled in the program you would automatically receive a Vote by Mail application for ballot for each election held in the next five (5) years.

If you wish to take part in the program, please be sure to complete the application in the areas listed below:

Check Box A or B
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- 1) Sign and fill in the date signed
- 2) Complete the "Witness of Applicant's Signature" section

Unless you are a holder of an *Illinois Disabled Person Identification Card* which indicates Class 1A or Class 2 disability (Box B checked) your physician must complete the following areas under **AFFIDAVIT OF ATTENDING PHYSICIAN:**

- 3) Physician's Name
- 4) State that issued Physician's License
- 5) Nature of Disability
- 6) Printed Name of Physician and Notary of Physician's Signature
- 7) Signature of Physician and Licensing Date

When we receive the completed application in our office, we will send you an identification card and number. You will then automatically receive a Vote by Mail application for ballot, for all elections held in the next five (5) years.

If you have any questions, please contact Diane Hill at (630) 407-5607.

Sincerely,

DuPage County Clerk's Election Division

# APPLICATION FOR IDENTIFICATION CARD BY AN ELECTOR WHO IS PERMANENTLY DISABLED

Upon the filing of this affidavit, the DuPage County Clerk Election Division will automatically and without any initiative on the part of the applicant, forward a completed application for ballot for any regularly scheduled election held within the next five (5) years under the jurisdiction of its Board.

State of Illinois }  
County of DuPage } ss.

To: **DuPage County Clerk Election Division**

I, \_\_\_\_\_, do solemnly swear or affirm that I reside  
at \_\_\_\_\_ in the City / Village / Unincorporated Area  
of \_\_\_\_\_ and am registered and fully qualified to vote from said address;  
(MUNICIPALITY THAT PROVIDES POSTAL SERVICE)

that I am (check the appropriate box)

(A) Permanently Disabled - **NOTE: PHYSICIANS AFFIDAVIT IS REQUIRED**

The nature of the disability being specifically described in the accompanying Affidavit of Attending Physician

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

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.

① \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(DATE OF BIRTH) (SIGNATURE OF APPLICANT) (TODAY'S DATE)

② **WITNESS OF APPLICANT'S SIGNATURE:**  
Signed and Sworn to by \_\_\_\_\_  
(NAME OF APPLICANT)  
who is personally known to me on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(MONTH-DAY-YEAR)  
\_\_\_\_\_  
(SIGNATURE OF WITNESS)

Address to which card is to be mailed (if different from above):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOR ELECTION AUTHORITY USE ONLY			
_____ / _____ / _____ <small>(DATE APPLICATION RECEIVED)</small>		<small>(DATE ISSUED)</small>	<b>12/31/2024</b> <small>(EXPIRATION DATE)</small>

## AFFIDAVIT OF ATTENDING PHYSICIAN

State of Illinois }  
County of DuPage } ss.

I, ③ \_\_\_\_\_, do solemnly swear or affirm that I am  
(NAME OF PHYSICIAN)  
a physician, duly licensed to practice in the State of ④ \_\_\_\_\_, I have examined  
(DESIGNATE STATE)  
\_\_\_\_\_ and I believe he/she is permanently incapable of being present  
at the polls for the following reasons: ⑤ \_\_\_\_\_

⑥ **WITNESS OF PHYSICIAN'S SIGNATURE:**  
Signed and Sworn to by \_\_\_\_\_  
(NAME OF PHYSICIAN)  
Who is personally known to me on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(MONTH-DAY-YEAR)  
\_\_\_\_\_  
(SIGNATURE OF NOTARY)

UNDER PENALTIES AS PROVIDED BY LAW PURSUANT TO 10ILCS 5/29-10, THE UNDERSIGNED CERTIFIES THAT THE STATEMENTS SET FORTH IN THIS CERTIFICATION ARE TRUE AND CORRECT.

⑦ \_\_\_\_\_  
(SIGNATURE OF PHYSICIAN)  
] \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(DATE LICENSED)

PLEASE RETURN THIS FORM TO:  
**DuPage County Clerk Election Division**  
421 North County Farm Road, P.O. Box 1087  
Wheaton, Illinois 60187-1087 (630) 407-5607