



OFFICE OF THE SECRETARY OF STATE
 DRIVER SERVICES DEPARTMENT

2701 S. DIRKSEN PKWY.
 SPRINGFIELD, IL 62723

Individual Residing in Veteran's Home/Hospital Certification Form

An individual residing in a veteran's home/hospital is provided with this certification to affirm the named individual is currently residing in that location at the time this certification is completed. The form must be presented to the Illinois Secretary of State's office at the time of application and no later than 90 days from the date the form was completed. This certification entitles the named individual to receive a no fee standard Illinois State ID Card.

This form does not establish proof of the individual's name, date of birth or Social Security number, as required by Illinois law to obtain a State ID Card. The individual must provide separate documentation from the list of approved documents by the Illinois Secretary of State at the time of application.

Applicant's Name: _____
 (first, middle, last)

Applicant's Date of Birth: _____

Under penalty of perjury, I swear or affirm that:

I currently reside in the veteran's home/hospital whose name and address are indicated on this document. I understand that the Illinois State Identification Card (ID Card) for which I am applying will be delivered to the veteran's home/hospital at the address listed on this document.

 Signature of Applicant Date

Veteran's Home/Hospital Name: _____

Veteran's Home/Hospital Address: _____
 Street (Mailing Address)

 City ZIP Code

 Veteran's Home/Hospital Phone Number: (including area code)

Under penalty of perjury, I swear or affirm that I am a representative of the above-mentioned home/hospital and the applicant is currently residing at the location.

I acknowledge that I accept responsibility for the home/hospital to receive, by U.S. mail, and hold in a secure location the ID Card issued to the applicant and will make every effort to ensure the delivery of the ID Card to the applicant. If the ID Card cannot be delivered to the applicant within 30 days upon receipt, the veteran's home/hospital shall return the ID Card to the Illinois Secretary of State.

 Date

 Printed Name of Veteran's Home/Hospital Employee Making Certification

 Signature of Veteran's Home/Hospital Employee Making Certification

Official Secretary of State Use Only:

Signature of Secretary of State Representative/Employee #: _____

Driver Services Facility Name and Number: _____

Date Received: _____