



OFFICE OF THE SECRETARY OF STATE  
DRIVER SERVICES DEPARTMENT

FIELD HEADQUARTERS  
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**Certificate of Residence for Persons Displaced by a Disaster**

The Certificate of Residence for Persons Displaced by a Disaster can be used to provide proof of temporary residence and should be completed by the individual making the certification, as well as the applicant for whom the certification applies. The form is to be used by U.S. citizens who have relocated to Illinois due to being displaced by a major disaster occurring within the U.S. or U.S. territories.

I, \_\_\_\_\_, as the \_\_\_\_\_,  
Name of Individual Making Certification (print) Relationship to Applicant

certify that \_\_\_\_\_ currently resides at  
Name of Applicant (print)

\_\_\_\_\_  
Street Address, City, ZIP, County

and that this name is the name by which (s)he is commonly known. Under penalties of perjury, I swear or affirm that all information contained in this certification is true.

Applicant's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Area where the disaster occurred: \_\_\_\_\_

Enter the identification number of the FEMA card (if applicable): \_\_\_\_\_

List all documents applicant presented along with identifying numbers: \_\_\_\_\_

Is the applicant using an alternate mailing address? \_\_\_\_\_

Enter alternate mailing address: \_\_\_\_\_

Signature of Individual Making Certification: \_\_\_\_\_

Date: \_\_\_\_\_ Driver's License/State ID Number: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_ Driver's License/State ID Number: \_\_\_\_\_

**Making any false statement on this certification of residence is punishable by law.**

FOR OFFICE USE ONLY

Facility name and number: \_\_\_\_\_

Signature of DSD employee accepting proof: \_\_\_\_\_

Management signature and operator number: \_\_\_\_\_ Date: \_\_\_\_\_