

ABSTRACT OF FINAL JUDGMENT OF MENTAL INCAPACITY

I, the undersigned, being the clerk of the county or probate court of \_\_\_\_\_ County,  
do hereby certify that the following person is of legal voting age and a resident within this State.

I do hereby certify that he/she has been adjudged mentally incapacitated or  
partially incapacitated without the right to vote, in \_\_\_\_\_,  
(name of court)

docket number \_\_\_\_\_ on \_\_\_\_\_.  
(date of  
adjudgment)

Name of person \_\_\_\_\_

Permanent residence address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Social Security Number (if available) \_\_\_\_\_

Supplemental identification: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Clerk

Seal

\_\_\_\_\_  
Date

Not later than the 10<sup>th</sup> day of each month, the clerk of each county or probate court in this State shall furnish to the registrar of voters of the county of residence of the person so adjudged, an abstract of each final judgment adjudging the person over the minimum voting age and resident within this State to be mentally incapacitated or partially incapacitated without the right to vote.