Petition For Submission of Advisory Question of Public Policy on the Right to Parent

We, the undersigned registered and duly qualified electors of the State of Illinois, residing within the State of Illinois at the places set-out opposite our respective names, do hereby petition that the following question be placed upon the ballot at the November 5, 2024, General Election for approval by a majority of electors therein.

entity, person, clinic or emergency medical pro	ent from a minor's parent or gu school can provide a minor (unde cedure, medication, pharmaceuti	r the age of 18 years) any non- cal, or any gender modification			
procedure, gender iden	tification counseling or gender the	erapy?	☐ No		
NAME (VOTER'S SIGNATURE)	NAME (PLEASE PRINT)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY	
State of	_)) SS.				
County of) 33. _)				
I, do hereby certify that I reside at City/Village/Unincorporated Area (circle one) of provides postal service) Zip Code, County of		(if unincorpo	(if unincorporated, list municipality that, State ofthat I am 18		
presence, not more than twent my knowledge and belief such	m a citizen of the United States, y-four months preceding the Gen signatures are genuine and that th oters and electors of the State of	eral Election on November 5, 2 e persons so signing were at the	024, and that to the time of signing the	e best of e petition	
	(Circulation)			or's Signature)	
Signed and sworn to (or affirmed) by befo (Name of Circulator)		before me, or	e me, on(insert month, day, year)		
(SEAL)					
		(Notary P	ublic's Signature)		

SHEET NO. _____

10.