

APPLICATION FOR THE CITY OF CHICAGO MUNICIPAL ID PROGRAM

CityKey

Please note: The information you provide in this application will be used only for the purpose of applying for a CityKey. The Office of the City Clerk will not save any of your information or retain this application.

Application Type:

- New CityKey Applicant**
 Replacement CityKey (CityKey ID Number _____)
 Lost/Stolen
 Updating CityKey

Documents:

List the documents you are submitting, but leave point value blank. The point values will be filled out by the Office of the City Clerk or a CityKey Delegate Agency.

Proof of Identity Documents	Points

Proof of Residency Documents

Name:

Name must match the name in the Proof of Identity documents. If you have legally changed your name, you must submit a court order with the name change. If you are currently using a name other than your legal name, you can include the initials of your first and middle name and full last name, i.e John Smith can be J. Smith.

First Name	
Middle Name	
Last Name	

Address:

Address must match the address in the Proof of Residency documents.

Address <small>Street Name/Unit #</small>	
ZIP Code	

- Check here if you opt-out of having an address on the CityKey ID.**
**Some institutions will not accept the CityKey as proof of residency without an address.*

Birthday:

Month	Day	Year

Gender:

- M** (male)
 F (female)
 NB (non binary)
 No gender marker on the CityKey

Chicago Public Library Card Number:

If you do not have an existing account, a new Chicago Public Library Card number will be provided with the CityKey.



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Veteran Designation:

In order to receive the veteran designation, approved documents must be presented. Refer to the "Veteran Designation Guide" for assistance.

Yes Document: _____

Medical Information/Special Needs/Allergies: _____

Optional (Examples: Penicillin allergy, Diabetes, Autism, High Blood Pressure, Carries EpiPen)

Emergency Contact: *Optional*

Name	
Phone Number	

Intent to Donate Organs: *Optional (only for Applicants 16 and older)*

Would you like to list your intent to be an organ donor on the card?

**Checking yes will not automatically link your information with the First Person Authorization (FPA) Registry; it will only afford you the ability to express your desire to be a donor.*

Yes No

Pharmaceutical Benefits: *Optional*

Would you like to participate in the City of Chicago's pharmaceutical benefits program? Your CityKey will have a set of numbers printed that you will present to a participating pharmacy. Please refer to CityKey Guide for more information.

Yes No

Signature: _____

I certify under penalty of perjury that I am a resident of the City of Chicago and that all statements set forth on this CityKey application are true and correct to the best of my knowledge and belief. I further certify that if I previously applied for and received a CityKey, that the original card was lost, stolen, or has since expired. I acknowledge that persons who make material false statements may be fined not less than \$500, and not more than \$1,000, plus three times the City's damages, litigation costs, collection costs, and attorney's fees pursuant to Section 1-21-010 of the Municipal Code of Chicago.

Providing the ZIP Code below is completely *optional*, and will only be kept to evaluate the progress of the CityKey Program and may be used to expand the CityKey Program in your neighborhood. Please note that providing the ZIP Code *will not* be associated with your CityKey or information from your CityKey application.

ZIP Code: _____

For Official Use Only

OCC Authn. Staff _____ OCC Print: _____

Delegate Agency:

CC PFS CCLC _____