ILLINOIS VOTER REGISTRATION APPLICATION

TO COMPLETE THIS FORM:

- Box 1-If you do not have a middle name, leave blank.
- Box 3-If mailing address is same as Box 2, write “same”.
- Box 4-By providing an email address you agree to receive election related notices via email.
- Box 5-If you have never registered before, leave blank. If you do not remember your former address; provide as much information as possible.
- Box 6-If you have not changed your name, leave blank.
- Box 10-If you have an Illinois Driver’s License or Secretary of State ID, check the first box and fill in the number. If you do not have a Driver’s License or SOS ID, check the second box and fill in the last four digits of your Social Security Number. If you do not have a SSN, check the third box and send a copy of the appropriate document (as described in the “Important Information” section) along with this form.
- Box 11-Read, date and personally sign your name or make your mark in the box.

IF YOU HAVE NO STREET ADDRESS,
Below: describe your home: list the name of subdivision; cross streets; roads; landmarks; mileage and/or neighbors’ names.

___________________________________________________________________________________________

IF YOU HAVE N

Office Use

Are you a citizen of the United States of America? (check one) yes ___ no ___

Will you be 18 years of age on or before the next election day OR are you currently 17 and will

be 18 by the day of the next General or Consolidated Election? (check one) yes ___ no ___

If you checked “no” in response to either of these questions, then do not complete this form.

You can use this form to: (Check One): ___ apply to register to vote in Illinois  ___ change your address  ___ change your name

I request a vote by mail ballot for the November 3, 2020 General Election (check one):

yes ___ no ___ Note: a first time voter registering by mail must provide proof of identity. See box 10 below.

1. Last Name First Name Middle Name or Initial Suffix (Circle One) Jr. Sr. II III IV

2. Address where you live (House No., Street Name, Apt. No.) City/Village/Town Zip Code County Township

3. Mailing address (P.O. Box) City/Village/Town, State Zip Code

4. Email (optional)

5. Former Registration Address: (include City and State and Zip Code) Former County

6. Former Name: (if changed)

7. Date of Birth: MM/DD/YY

9. Home telephone number including area code (optional)

10. ID number – check the applicable box and provide the appropriate number

☐ IL Driver’s License or, if none, Sec. of State ID or

☐ Last 4 digits of Social Security Number

☐ I have none of the above-listed identification numbers.

11. Voter Affidavit – Read all statements and sign within the box to the right.

I swear or affirm that:

☐ I am a citizen of the United States;

☐ I will be at least 18 years old on or before the next election (or the next General or Consolidated Election);

☐ I will have lived in the State of Illinois and in my election precinct at least 30 days as of the date of the next election;

☐ The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, then I may be fined, imprisoned, or if I am not a U.S. citizen, deported from or refused entry into the United States.

This is my signature or mark in the space below.

Today’s Date: _________/_______/_______

12. If you cannot sign your name, ask the person who helped you fill in this form to print their name, address and telephone number.

Name of person assisting. Full Address Telephone No.
To Election Judges

| For Primary, mark D for Democrat R for Republican for all other elections mark | Voting Record | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
|---------------------------------|--------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
|                                 | Primary      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                                 | General      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                                 | NonPartisan  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                                 | Special      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |