

ILLINOIS VOTER REGISTRATION APPLICATION

Revised August, 2008
CC No. R-19

FOR ILLINOIS RESIDENTS ONLY

If you are not a resident of Illinois and a U.S. Citizen, **do not continue.**
If you will not be 18 by the next election, **do not continue.**

TO VOTE YOU MUST:

- Be a United States citizen
- Be at least 18 years old
- Live in your election precinct at least 30 days
- Not be convicted and in jail
- Not claim the right to vote anywhere else

TO VOTE IN THE NEXT ELECTION:

- Will County Residents: Mail or personally deliver your application to the Will County Clerk's Office, 302 N. Chicago Street, Joliet, Illinois 60432 no later than 28 days before the next election.
- Other County Residents: Check www.elections.state.il.us for the address of the County Clerk in your area.

IMPORTANT INFORMATION:

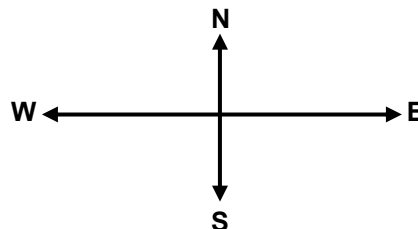
- If you do not have an Illinois Driver's License, Illinois Secretary of State ID or Social Security Number, and this form is submitted by mail, and you have never registered to vote in the jurisdiction you are now registering in, then you must send with this application either (i) a copy of a current and valid photo identification or (ii) a copy of a current utility bill, bank statement, government check, paycheck or other government document that shows your name and address. If you do not provide this information when you send in your application, then you will be required to provide election officials with either (i) or (ii) described above the first time you vote at a polling place or by absentee ballot.
- If you change your name, you must re-register.
- If you register at a public service agency, any information regarding the agency that assisted you will remain confidential, as will any decision not to register.
- If you do not receive a Voter Identification Card in 30 days, contact the County Clerk's Office at 815-740-4620.

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 – If you have never registered before, leave blank. If you do not remember your former address, provide as much information as possible.
- Box 5 – If you have not changed your name, leave blank.
- Box 9 – If you have an Illinois Driver's License or Illinois Secretary of State ID, check the first box and fill in the number. If you do not have either of these, check the second box and fill in the last four digits of your Social Security Number (SSN). 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.
- 10 – Read, date and personally sign your name or make your mark in the box.

IF YOU HAVE NO STREET ADDRESS:

Describe your home below. List the name of subdivision, cross streets, roads, landmarks, mileage and/or neighbors' names.



If you have questions about completing this form, please call the State Board of Elections at (217) 782-4141 or (312) 814-6440 (or webmaster@elections.il.gov).

TYPE OR PRINT CLEARLY IN BLACK OR BLUE INK

Are you a citizen of the United States of America? (check one) yes <input type="checkbox"/> no <input type="checkbox"/>		FOR OFFICE USE ONLY: <input type="checkbox"/> Mail-In <input type="checkbox"/> Agency <input type="checkbox"/> Armed Forces <input type="checkbox"/> Viewed ID	
Will you be 18 years of age on or before Election Day? (check one) yes <input type="checkbox"/> no <input type="checkbox"/>			
If you check "no" in response to either of these questions, do not complete this form.			
Check applicable box: <input type="checkbox"/> Applying to vote in Illinois <input type="checkbox"/> Changing address <input type="checkbox"/> Changing name			
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
3. Mailing address: (Post Office Box)		City/Village/Town	Zip Code
4. Former Registration Address: (include City, State and Zip Code)		Former County	5. Former Name: (if changed)
6. Date of Birth: MM/DD/YY	8. Daytime telephone number including area code:	9. ID number – check the applicable box and provide the appropriate ID# below	
7. Sex: (circle one)	() -	<input type="checkbox"/> IL Driver's License or, if none, IL Secretary of State ID or <input type="checkbox"/> Last 4 digits of Social Security Number <input type="checkbox"/> I have none of the identification numbers listed above	
M F		ID#: _____	
10. Voter Affidavit – Check all true statements and sign within the box to the right. I swear or affirm that: <input type="checkbox"/> I am a citizen of the United States; <input type="checkbox"/> I will be at least 18 years old on or before the next election; <input type="checkbox"/> 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; <input type="checkbox"/> 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. <div style="border: 1px dashed black; height: 80px; width: 100%; margin: 10px 0;"></div> X _____ Today's Date: ____/____/____	
11. If you cannot sign your name, ask the person who helped you fill out this form to print their name, address and telephone number. Name of person assisting: _____ Full Address: _____ Telephone Number: _____			