ILLINOIS VOTER REGISTRATION APPLICATION

Suggested September, 2003
SBE R-19

FOR ILLINOIS RESIDENTS ONLY

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:

- Mail or deliver this application to your County Clerk or Board of Election Commissioners no later than 28 days before the next election. (check www.elections.state.il.us for listings)

IMPORTANT INFORMATION:

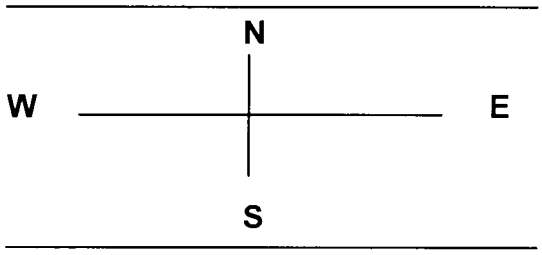
- If this form is submitted by mail and you have never registered to vote in the jurisdiction you are now registering in, then you must send with this application either (i) a copy of a current and valid photo identification, or (ii) a copy of a current utility bill, bank statement, government check, paycheck or other government document that shows your name and address. If you do not provide the information required above, then you will be required to provide election officials with this information the first time you vote at a polling place or by in-person absentee ballot.
- If you register by mail, you must also vote in person the first time, either at the polling place or in-person absentee.
- 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 Notice within 2 weeks of mailing or delivering this application, call your County Clerk or Board of Election Commissioners.

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, check the Box and fill in the number. If you do not have a Driver's License, check the appropriate box and fill in either the last four digits of your Social Security Number, or your Secretary of State ID Number.
- 10-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 questions about completing this form, please call the State Board of Elections at 1-800-527-VOTE (8683)

TYPE OR PRINT CLEARLY IN BLACK OR BLUE INK

Are you a citizen of the United States of America? (check one) **yes** ☐ **no** ☐
Will you be 18 years of age on or before election day? (check one) **yes** ☐ **no** ☐
If you checked "no" in response to either of these questions, then do not complete this form.

Office Use

You can use this form to: (Check One) ☐ apply to register to vote in Illinois ☐ change your address ☐ change your 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 | County | Township

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

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

5. Former Name: (if changed)

6. Date of Birth: MM/DD/YY

7. Sex (circle one) M F

8. Home telephone number including area code (optional) ( ) -

9. 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.

10. 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;
- 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: _____/_____/_____

11. 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.