ILLINOIS VOTER REGISTRATION APPLICATION

N Suggested August 2015

M: SBE R-19

FOR ILLINOIS RESIDENTS ONLY

TO VOTE YOU MUST:

- Be a United States citizen
 Be at least 18 years old (some 17 year olds may vote in the General Primary)
- 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. (click here for County Clerk/Election Board listings) or go to http://www.elections.il.gov

IMPORTANT INFORMATION:

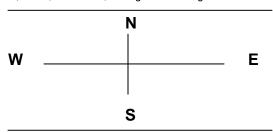
- If you do not have a driver's license, State Identification Card or social security number, and this form is submitted by mail, and you have never registered to vote in the jurisdiction you are now registering in, then you must send, with this application, either (i) a copy of a current and valid photo identification, or (ii) a copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows the name and address of the voter. If you do not provide the information required above, then you will be required to provide election officials with either (i) or (ii) described above the first time you vote at a voting place or by vote by mail 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 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 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.
- 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 (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 Ur	nited States of America?	(check one) yes	no 🗆		Office Use			
_	e on or before the next elect	· , •		7 and	011100 000			
will be 18 by the day of the		(check one) yes		- ana				
	onse to either of these question							
You can use this form to: (Check One								
1. Last Name		ddle Name or Initial	Suffix (Circle Jr. Sr. II III	,				
2. Address where you live (House	se No., Street Name, Apt. No.)	City/Village/Town	Zip Code	Count	ty Township			
3. Mailing address (P.O. Box)	City/Village/Town, Sta	ate	Zip Code	Email (option	nal)			
4. Former Registration Address:	(include City and State and Zip Code) Former County	5. Forr	ner Name: (if o	changed)			
Date of Birth: MM/DD/YYSex (circle one) M F	8. Home telephone number including area code (optional) () -	☐ IL Driver's ☐ Last 4 digit	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 stater	ments and sign within the box to the rig	ght. This i	s my signature	or mark in the	space below.			
I swear or affirm that I am a citizen of the United State I will be at least 18 years old on an ext General Election); I will have lived in the State of Illian 30 days as of the date of the next	or before the next election (or the inois and in my election precinct at lea	ıst						
 The information I have provided penalty of perjury. If I have provi 	is true to the best of my knowledge un ided false information, then I may be fi citizen, deported from or refused entry	ined, / into						
11. If you cannot sign your name, as Name of person assisting.	sk the person who helped you fill in this Full A	Today's D s form to print their name, Address		ephone numb	/ er. Telephone No.			

YOUR ADDRESS				
				PUT FIRST CLASS STAMP HERE
	MAIL TO:			

CHANGE OF ADDRESS **PCT** WARD **CODE ADDRESS** CITY ZIP COUNTY DATE **CLERK** SUSPENSION, CANCELLATION AND REINSTATEMENT **DATE EXPLAIN CLERK** DATE **EXPLAIN CLERK** To Election Judges Voting Record 08 09 10 11 12 13 14 15 16 17 18 19 20 For Primary, mark Primary D for Democrat General R for Republican NonPartisan for all other

elections markV

Special