

ILLINOIS VOTER REGISTRATION APPLICATION

FOR U.S. CITIZENS ONLY

(if you are not a citizen, do not continue)

TO REGISTER YOU MUST:

- be a United States citizen
- be at least 18 years old on or before the next election
- live in your election precinct at least 30 days before the next election
- not be convicted and in jail
- not claim the right to vote anywhere else

DEADLINE INFORMATION:

- Mail or deliver this form no later than 29 days before the next election.
- If you do not receive a Notice within 2 weeks of mailing or delivering this form, call the County Clerk or Board of Election Commissioners named on the front of this card.

IMPORTANT INFORMATION:

- if you register by mail, the first time you vote must be in person
- if you register at a public service agency, any information regarding the agency which assisted you will remain confidential as will any decision not to register

YOU CAN USE THIS FORM TO:

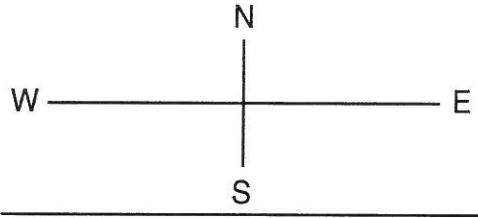
- apply to register to vote in the State of Illinois
- change your address on voter registration record
- change your name (change due to marriage, etc.)

TO COMPLETE THIS FORM:

- Box 1 – If you do not have a middle name, print "none".
- Box 3 – If you have never registered before, print "none". If you do not remember your former address, print "unsure". If you have not changed your name, print "same".
- Box 8 – Read, date and personally sign your name or make your mark in the box.

IF YOU HAVE NO STREET ADDRESS, describe your home:

list the name of subdivisions; cross streets; roads; landmarks, mileage and/or neighbor's names.



FOLD LINE **PRINT CLEARLY OR TYPE IN BLACK OR BLUE INK**

mandated, October, 1996
SBE NO. R-19

Office Use

1. Last Name First Name Middle Name or Initial Suffix (Circle One) Jr. Sr. II III IV				Office Use	
2. Address where you live (do not give P.O. address) House No. Street Name		City/Village/Town	Township		
Apt. No./P.O. Box		County	Zip Code		
3. Former Registration Address: (include City and State)			County	Former Name: (if changed)	
4. Date of Birth: Month Day Year	5. Sex (Circle One) M F	6. Telephone Number (optional)		7. Full Social Security No. Or last 4 digits only	

8. 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 30 days as of the date of the next election.
- All of the above information is true. I understand that if it is not true, I can be convicted of perjury and fined up to \$5,000 and/or jailed for 2 to 5 years.

• This is my signature or mark in the space below.



Date: _____

9. 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	Full Address	Telephone No.
------	--------------	---------------

FOLD ON DOTTED LINES, PEEL OFF TAPE, SEAL AND MAIL

