

# ILLINOIS VOTER REGISTRATION APPLICATION

**FOR ILLINOIS RESIDENTS ONLY**

**TO COMPLETE THIS FORM:**

**TO VOTE YOU MUST:**

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**TO VOTE IN THE NEXT ELECTION:**

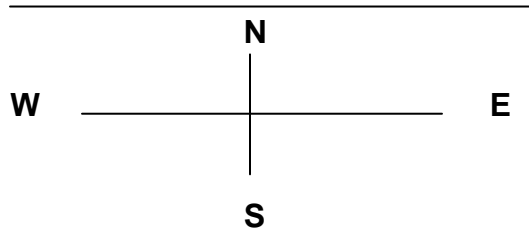
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**IMPORTANT INFORMATION:**

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**IF YOU HAVE NO STREET ADDRESS,**



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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.state.il.us](mailto:webmaster@elections.state.il.us)).

Are you a citizen of the United States of America?      yes <input type="checkbox"/> no <input type="checkbox"/> Will you be 18 years of age on or before election day?      yes <input type="checkbox"/> no <input type="checkbox"/>		<b>Office Use</b>
You can use this form to: (Check One) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**I swear or affirm that**

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