ILLINOIS VOTER REGISTRATION APPLICATION

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 (217)782-4141 or (312)814-6440 (or webmaster@elections.state.il.us).

Are you a citizen of the United States of America? yes [ ] no [ ]
Will you be 18 years of age on or before election day? yes [ ] no [ ]

Office Use

You can use this form to: (Check One) [ ] [ ] [ ]

I swear or affirm that
• [ ] [ ] [ ]

Today’s Date: __________/__________/________