ILLINOIS VOTER REGISTRATION APPLICATION

TO VOTE 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.

YOU CAN USE THIS FORM TO:

- Apply to register to vote in the State of Illinois.
- Change your address on your voter registration record.
- Change your name on your voter registration record.

DEADLINE INFORMATION:

- Mail or deliver this form no later than 28 days before the next election.
- If you do not receive a notice within 4 weeks of mailing or delivering this application, call the Board of Elections at 312-269-7960.

RETURN THIS FORM TO:

Fold Line

 Chicago Board of Elections 69 W. Washington St. #600 Chicago, IL 60602

IMPORTANT INFORMATION:

■ First-time voters who register by mail must show proof of identification in order to vote. You may be able to satisfy this requirement by providing your driver's license number or a State of Illinois identification card number. If you do not have either of these, you may provide the last four digits of your social security number on this form. If we are able to verify your identity with one of these numbers, it will not be necessary for you to show identification in order to vote.

If we cannot verify your identity through a valid driver's license number, State of Illinois identification card number or social security number, you will need to provide identification before you can vote.

Acceptable forms of identification include:

- a copy of a current and valid photo identification;
- a copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows your name & address.

A copy of your identification can be mailed in an envelope to this office along with this registration form, or can be shown the first time you vote.

- If you register by mail, you must vote in person the first time you vote—except that you may vote absentee by mail if sufficient proof of identification, as described above, is submitted with the absentee ballot.
- 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.
- If you change your name, you must re-register.

		YOU MUS	T SUBMIT ORIGINAL I	FORM BY MA	AIL OR IN PER	SON-AND NOT	BY EMAIL.		
Ï	1.	Are you a citizen of the Unite		· ·		No 🔲	0	ffice Use	
	2.	Will you be 18 years of age of			ck one) Yes 🔲				
		If you checked "no" in respon							
_	3.	You can use this form to: (Check One) apply to register to vote in Illinois change your address change your name							
	4.	Last Name First	Name Middle Name	e or Initial	Suffix (Circle Or	ne) Jr. Sr. II III IV			
					☐ Jr. ☐ Sr. ☐]			
	5.	Address where you live (Hous	e No., Street Name, Apt. No	o.) City/	Village/Town	Zip Code	County	Township	
	6.	Mailing address (P.O. Box)	City/Village/1	Town, State		Zip Code	Email (optiona	l)	
	7.	Former Registration Address (i	include City and State and I	Zip Code)	Former County	8. Former N	Name (if changed	i)	
	9.	Date of Birth MM/DD/YY	10. Home telephone nur	mber 11.	ID number – che	ck the applicable box	k and provide the	appropriate number	
		1 1	including area code (opt	ional)		icense or, if none, Se		fication or	
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ŀ	13.	Voter Affidavit – Read all stater	nents and sign within the bo	ox to the right.		_			
Г		ear or affirm that:			This is my signature or mark in the space below				
		am a citizen of the United States							
		will be at least 18 years old on o		nct at least					
	 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 								
		nder penalty of perjury. If I have							
	be fined, imprisoned, or if I am not a U.S. citizen, deported from or refused entry into the United States.			om or lue	To do do	Data: /	,		
	10	•			Today's Date://				
14. 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 Ad			ress Telephone No.				
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YOUR ADDRESS		PUT FIRST CLASS
		STAMP HERE



MAIL TO:

BOARD OF ELECTION COMMISSIONERS 69 W WASHINGTON ST STE 600 CHICAGO IL 60602-3012

