

ILLINOIS VOTER REGISTRATION APPLICATION

Suggested July, 2005
SBE R-19
(DPW)

FOR ILLINOIS RESIDENTS ONLY 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
- Not be convicted and in jail
- Not claim the right to vote anywhere else

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 form, call the DuPage County Election Commission at (630) 407-5600.

IMPORTANT INFORMATION:

- If you register by mail, the first time you vote it must be done in person at either the polling place or in-person absentee.
- 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 current 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 change your name you must re-register.

COMPLETE THE FORM BELOW AND MAIL TO:

DuPage County Election Commission
421 North County Farm Road
P.O. Box 1087
Wheaton, Illinois 60189-1087

TO COMPLETE THIS FORM:

- Box 1 - If you do not have a middle name, leave blank.
- Box 2 - If you have not changed your name, leave blank.
- Box 4 - If your mailing address is the same as Box 3, write "Same"
- Box 5 - If you have never registered before, leave blank. If you do not remember your former address, provide as much information as possible.
- 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 your Secretary of State ID Number or the last four digits of your Social Security Number.
- Box 10 - Read, date and personally sign your name or make your mark within the box provided below.

If you have questions about completing this form, please call the DuPage County Election Commission at **(630) 407-5600**.

PRINT IN BLUE OR BLACK INK ONLY. SIGN YOUR NAME WITHIN THE BOX ON THE LINE IN SECTION 10.

Are you a Citizen of the United States of America? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/>		Will you be 18 years of age on or before election day? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/>		If You Checked "No" in response to either of these questions, then do not complete this form.	
1. Last Name _____		First Name _____		Middle Name or Initial _____	
				Suffix (Circle One) _____ Jr. Sr. II III IV	
3. Address where you Live (do not give P.O. address) _____				Apt. No. _____	
				City/Village/Town _____	
				Zip Code _____	
4. Mailing Address (P.O. Box) _____		Apt. No. _____		City/Village/Town _____	
				Zip Code _____	
5. Former Registration Address _____		City/Village/Town _____		State _____	
				Zip Code _____	
				County _____	
6. Date of Birth: (Month/Day/Year) _____		7. Sex (Circle One) M F		9. ID Number - CHECK the applicable box and provide the appropriate number <input type="checkbox"/> IL Driver's License or, if none, Secretary of State ID or <input type="checkbox"/> Last 4 Digits of Social Security Number <input type="checkbox"/> I have none of the above-listed identification numbers.	
8. Telephone Number (Optional) () _____				ID Number _____	
10. 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. ♦ The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, then I may be fined, imprisoned, or if I am not a U.S. Citizen, deported from or refused entry into the United States.					
				This is my Signature or Mark in the space above 	
TODAY'S DATE: _____, 20____					
11. 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. _____	