

# ILLINOIS VOTER REGISTRATION APPLICATION

I would like to request a **Vote by Mail Ballot** for the November 3, 2020 General Election.

Yes  No

*Please check the appropriate box.*

**TO VOTE YOU MUST:**

- Be a United States citizen.
- Be at least 18 years old.  
(17 year olds may register and vote in primary elections if 18<sup>th</sup> birthday occurs before the next General Consolidated or General 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 current voter registration record.
- Change your name on your current voter registration record.  
*When you move or change your name, complete a new registration.*

**DEADLINE INFORMATION:**

- Mail or deliver this form no later than 28 days before next election.
- If you do not receive a notice within 2 weeks of mailing or delivering this application, call Lake County's Voter Services at (847) 377-2410.

**CONTACT INFORMATION:**

You can mail or deliver this application to:  
Robin M. O'Connor, Lake County Clerk  
Room 101, 18 North County Street, Waukegan, IL 60085

**IMPORTANT INFORMATION:**

If you have never registered to vote in this jurisdiction and you do not have an Illinois driver's license, Illinois Secretary of State identification card or Social

Security number, you must send either a copy of a current and valid photo identification or a copy of a current utility bill, bank statement, government check, paycheck or other government document listing your name and current address. Without one of these, you will be required to provide election officials with identification as described above the first time you vote.

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.

**TO COMPLETE THIS FORM:**

- Box 3—If you do not have a middle name, leave blank.
- Box 5—If mailing address is same as Box 4, write "same."
- Box 6—If you have never registered before, leave blank. If you do not remember your former address; provide street, city, and state.
- Box 7—If you have not changed your name, leave blank.
- Box 11—By providing an email address, you agree to receive election related notices via email.
- Box 12—If you have an Illinois driver's license, or Illinois Secretary of State identification card, check the first box and fill in the number. If you do not have an Illinois driver's license or SOS ID, check the second box and fill in the last four digits of your Social Security number. If you do not have a SSN, check the third box and send a copy of the appropriate document (as described in the "Important Information" section) along with this form.
- Box 13—Read, date and personally sign your name or make your mark in the box.

TYPE OR PRINT CLEARLY IN BLACK INK

<b>1. Are you a citizen of the United States of America? (Check one)</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	OFFICE USE	
<b>2. Will you be 18 years of age on or before next election? (Check one)</b> <i>If you check "no" in response to either of these questions, do not complete this form.</i> <i>Eligible 17 year olds may register and vote in primaries. (See instructions above)</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
3. Last Name	First Name	Middle Name or Initial		Suffix (Jr. Sr. II III IV)	
4. Address where you live (House No., Street Name)	Apt/Unit/Lot	City/Village/Town	Zip	County	
5. Mailing Address (P.O. Box, if different from above)		City/Village/Town	Zip		
6. Former Registration Address (Include City, State and Zip Code)		Former County	7. Former Name (If changed)		
8. Date of Birth	Month	Day	Year	12. ID Number (Check the applicable box and provide the appropriate number on the line below.)	
9. Sex (Circle one) M                      F				<input type="checkbox"/> IL driver's license or State ID# _____	
10. Telephone Number (Optional)				<input type="checkbox"/> Last 4 digits of Social Security number XXX-XX- _____	
11. E-mail Address (Optional)				<input type="checkbox"/> I have none of the ID numbers listed above.	
13. Voter Affidavit I swear or affirm that:					
<input type="checkbox"/> I am a citizen of the United States; <input type="checkbox"/> I will be at least 18 years old on or before the next election (or the next General or Consolidated Election); <input type="checkbox"/> 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; <input type="checkbox"/> This 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 center of the box below.					
<div style="border: 1px solid black; width: 100%; height: 100%; position: relative;"> <span style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 2em;">x</span> </div>					
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 address		Telephone number (      )	