ILLINOIS VOTER REGISTRATION APPLICATION

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 or Secretary of State ID, check the first box and fill in the number. If you do not have a 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.
- 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.

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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.il.gov).

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**TYPE OR PRINT CLEARLY IN BLACK OR BLUE INK**

Are you a citizen of the United States of America? (check one) yes □ no □
Will you be 18 years of age on or before the next election day OR are you currently 17 and will be 18 by the day of the next General Election? (check one) yes □ no □

Office Use

If you checked "no" in response to either of these questions, then do not complete this form.

You can use this form to: (check one)
- □ apply to register to vote in Illinois □ change your address □ change your name

1. Last Name ________ First Name ________ Middle Name or Initial ________ Suffix (Circle One) ________ Jr. Sr. Il III IV

2. Address where you live (House No., Street Name, Apt. No.) ________ City/Village/Town ________ Zip Code ________ County ________ Township ________

3. Mailing address (P.O. Box) ________ City/Village/Town, State ________ Zip Code ________ Email (optional) ________

4. Former Registration Address: (include City and State and Zip Code) ________ Former County ________

5. Former Name: (if changed) ________

6. Date of Birth: MM/DD/YY ________

8. Home telephone number including area code (optional): ________

9. ID number – check the applicable box and provide the appropriate number
- □ Illinois Driver’s License or, if none, Sec. of State ID or
- □ Last 4 digits of Social Security Number
- □ I have none of the above-listed identification numbers.

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 or the next General Election;
- □ 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 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 or refused entry into the United States.

This is my signature or mark in the space below. ________

Today’s Date: ________/______/______

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 of person assisting: ________

Full Address ________ Telephone No. ________