

ILLINOIS VOTER REGISTRATION APPLICATION

Suggested August 2009
SBE R-19
(DPW)

FOR ILLINOIS RESIDENTS ONLY

COMPLETE THE FORM BELOW AND MAIL TO:

DuPage County Election Commission
421 North County Farm Road
P.O. Box 1087
Wheaton, Illinois 60187-1087

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 do not have a Driver's License, State Identification Card or Social Security Number, and 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 the name and address of the voter. If you do not provide the information required above, then you will be required to provide election officials with either (i) or (ii) described above the first time you vote at a polling place or by absentee ballot.
- If you change your name you must re-register.

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 of person assisting: _____ Complete Address _____ Telephone No. _____