

## 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— or for a Primary, be 18 years old by the date of the following November 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 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:**

- 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 by mail if sufficient proof of identification, as described above, is submitted with the vote by mail.
- 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.

Fold Line

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

<b>1.</b> Are you a citizen of the United States of America? (check one) Yes <input type="checkbox"/> No <input type="checkbox"/>	Office Use
<b>2.</b> Will you be 18 years of age on or before election day? (check one) Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>If you checked "no" in response to either of these questions, then do not complete this form.</b>	
<b>3.</b> You can use this form to: (Check One) <input type="checkbox"/> apply to register to vote in Illinois <input type="checkbox"/> change your address <input type="checkbox"/> change your name	
<b>4.</b> Last Name                      First Name                      Middle Name or Initial                      Suffix (Check One) Jr. Sr. II III IV <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	
<b>5.</b> Address where you live (House No., Street Name, Apt. No.)                      City/Village/Town                      Zip Code                      County	
<b>6.</b> Mailing address (P.O. Box)                      City/Village/Town, State                      Zip Code                      Email (optional)	
<b>7.</b> Former Registration Address (include City and State and Zip Code)                      Former County <b>8.</b> Former Name (if changed)	
<b>9.</b> Date of Birth MM/DD/YY ____/____/____	<b>10.</b> Phone number (optional) (       )       -       _____
<b>12.</b> Gender (check one) <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-binary	<b>11.</b> ID number – check the applicable box and provide the appropriate number <input type="checkbox"/> IL Driver's License or, if none, Sec. of State identification or <input type="checkbox"/> Last 4 digits of Social Security Number <input type="checkbox"/> I have none of the above-listed identification numbers. _____
<b>13.</b> Voter Affidavit – Read all statements and sign within the box to the right. <b>I swear or affirm that:</b> • 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 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 from or refused entry into the United States. <div style="text-align: right; border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"><b>This is my signature or mark in the space below</b></div> <p style="text-align: right;">Today's Date: _____/_____/_____</p>	
<b>14.</b> 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. (       )       -       _____	

**FOLD ON DOTTED LINE, SEAL AND MAIL**

YOUR ADDRESS

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PUT  
FIRST  
CLASS  
STAMP  
HERE



**MAIL TO:**

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

