

APPLICATION FOR A VOTE BY MAIL BALLOT

Applicant's Name	
Street Address	
City, State, Zip	
County	
Date of Birth*	
Phone Number*	
Email*	
Address to which ballot should be mailed. (if different from above)	

For Election Authority's use only	
Ballot Style:	
Voter ID:	

For Election Judge's use only	
Initials:	
Voter's Consecutive Number:	

(Primary Only) I request a ballot* for the:

<input type="checkbox"/>	Party.
<input type="checkbox"/>	Check here if you would like a nonpartisan ballot (referenda only)

*Voter will only receive a primary ballot if the party listed is an established party in a race in which the voter is entitled to vote.

*Optional information; even though this is not required, providing it may aid in the processing of your ballot.

I am currently a registered voter and wish to apply for:

☐ **Single Election Vote by Mail Ballot**

I state that I reside at the address specified above, in the stated municipality and county, that I have resided at such address for at least 30 days, that I am lawfully entitled to vote at the next regularly scheduled election, and that I wish to vote by mail in this election ONLY. I understand that this application is made for an official vote by mail ballot or ballots to be voted by me at the election specified in this application and that I must submit a separate application for an official vote by mail ballot or ballots to be voted by me at any subsequent election.

☐ **Permanent Vote by Mail Status**

I state that I reside at the address specified above, in the stated municipality and county, that I have resided at such address for at least 30 days, that I am lawfully entitled to vote at the next regularly scheduled election, and that:

☐ I wish to vote by mail in all subsequent elections that do not require a party designation.
- or -

☐ I wish to vote by mail in all subsequent elections and wish to receive the party ballot indicated above in all elections that require a party designation.**

**For a primary election, you must fill in the party ballot you wish to receive in the box above or check nonpartisan, if applicable.

I hereby make application for an official ballot or ballots to be voted by me at such election, and I agree that I shall return such ballot or ballots to the official issuing the same prior to the closing of the polls on the date of the election or, if returned by mail, postmarked no later than election day, for counting no later than during the period for counting provisional ballots, the last day of which is the 14th day following election day.

Under penalties as provided by law pursuant to 10 ILCS 5/29-10, the undersigned certifies that the statements set forth in this application are true and correct.

Signature of Applicant

Today's Date

IMPORTANT: You must return the completed and signed application to the election authority with jurisdiction over your registration.

Mail To: Hancock County Clerk
P.O. Box 39
Carthage, IL. 62321