

TYPE OR PRINT CLEARLY IN BLACK OR BLUE INK

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 <u>the next</u> election day OR are you currently 17 and will be 18 by the day of the next General or Consolidated Election? (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.				Office Use		
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						
1. Last Name		First Name	Middle Name or Initial	Suffix (Circle One) Jr. Sr. II 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	4. Email (optional)	
5. Former Registration Address: (include City and State and Zip Code)			Former County	6. Former Name: (if changed)		
7. Date of Birth: MM/DD/YY		9. Home telephone number including area code (optional)		10. ID number – check the applicable box and provide the appropriate number <input type="checkbox"/> IL Driver's License or, if none, Sec. 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. Sex (circle one) M F X		() -				

11. 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 from or refused entry into the United States.

This is my signature or mark in the space below.

Today's Date: _____/_____/_____

12. 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.
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