**Section 216.EXHIBIT A Voter Registration Application-Illinois**

**ILLINOIS VOTER REGISTRATION APPLICATION**

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| FOR U.S. CITIZENS ONLY | **YOU CAN USE THIS FORM TO:** |
| (If you are not a citizen, do not continue) | ● | apply to register to vote in the State of Illinois |
| **TO REGISTER YOU MUST:** | ● | change your address on your voter registration card |
| ● | be a United States citizen | ● | change your name (change due to marriage, etc.) |
| ● | be at least 18 years old on or before the next election |  |
| ● | live in your election precinct at least 30 days before the next election | **TO COMPLETE THIS FORM:** |
|  | ● | Box 1 – If you do not have a middle name, print "none" |
| ● | not be convicted and in jail | ● | Box 3: – If you have never registered before, print “none”. If you do not remember your former address, print "unsure". If you have not changed your name, print "same". |
| ● | not claim the right to vote anywhere else |  |
|  |  |  |
| DEADLINE INFORMATION: |  |
| ● | Mail or deliver this form no later than 29 days before the next election. | ● | Box 8 – Read, date and personally sign your name or  |
|  |  | make your mark in the box. |
| ● | If you do not receive a Notice within 2 weeks of mailing or delivering this form, call the County Clerk or Board of Election Commissioners named on the front of this card. | **IF YOU HAVE NO STREET ADDRESS**, describe your home: list the name of subdivisions; cross streets; roads; landmarks, mileage and/or neighbor's names. |
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| **IMPORTANT INFORMATION:** |  |  |  |  |
| ● | if you register by mail, the first time you vote must be in person | **N** |
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|  | **W** |  |  | **E** |
| ● | 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 |  |  |
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|  |  | **S** |

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| FOLD LINE | PRINT CLEARLY OR TYPE IN BLACK OR BLUE INK |  |
|  | Office Use |  |
| 1. Last NAME | First Name | Middle Name or Initial | Suffix (Circle One) |  |
|  |  | JR. SR. II III IV |  |
| 2. Address where you live (do not give P.O. address) House No. Street Name | City/Village/Town | Township |  |
|  |
| Apt. No./P.O. Box | County | Zip Code |
|  |  |
| 3. Former Registration Address: (include City and State) | County | Former Name: (if changed) |
|  |  |  |  |  |
| 4. Date of Birth:  | 5. Sex (Circle One) | 6. Telephone Number (optional) | 7. Full Social Security No. Or last 4 digits only |
| Month Day Year | M F |
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| 8. | Voter Affidavit – Read all statements and sign within |  | ● | This is my signature or mark in the space below. |
|  | 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. |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| ● | All of the above information is true. I understand that if it is not true, I can be convicted of perjury and fined up to $5,000 and/or jailed for 2 to 5 years. |  | ⎣ | ⎦ |  |
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|  |  | Date: |  |  |
| 9. | 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 | Full Address | Telephone No. |
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| FOLD ON DOTED LINES, PEEL OFF TAPE, SEAL AND MAIL |
| \*Mandated Oct. 1996 |

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| YOUR ADDRESS |  |  |  | back of SBE No. R-19 |
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| CHANGE OF ADDRESS |
| PCT | WARD | CODE | ADDRESS |  | CITY | ZIP | COUNTY | DATE | CLERK |
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| SUSPENSION, CANCELLATION AND REINSTATEMENT |
| DATE | EXPLAIN | CLERK | DATE | EXPLAIN | CLERK |
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| To Election Judges: | Voting Record | 95 96 97 98 99 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 |
| For Primary, mark | Primary |  |
| D for Democrat | General |  |
| R for Republican | NonPartisan |  |
| for all other | Special |  |
| elections, markV |  |  |

\*Mandated: Oct. 1996

SBE No. R-19A

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| --- | --- |
|  | Office Use |
| 1. Last Name First Name Middle Name or Initial | Suffix (Circle One)JR. SR. II III IV |  |
| 2. Address where you live (do not give P.O. address) House No. Street Name | City/Village/Town | Township |  |
| Apt. No./P.O. Box | County | Zip Code |
| 3. Former Registration Address: (include City and State) | County | Former Name: (if changed) |
| 4. Date of Birth:Month Day Year | 5. Sex (Circle One)M F | 6. Telephone Number (optional) | 7. Full Social Security No. Or last 4 digits only |
|  |  |  |  |
| 8. | Voter Affidavit – Read all statements and sign within | ● | This is my signature or mark in the space below. |
|  | 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. |  |  |  |  |
| ● | All of the above information is true. I understand |  | ⎣ | ⎦ |  |
|  | that if it is not true, I can be convicted of perjury and |  |  |
|  | fined up to $5,000 and/or jailed for 2 to 5 years. |  |  |
|  |  |  | Date: |  |  |
| 9. | 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 | Full Address | Telephone No. |
| back of SBE No. R-19A |
| **CHANGE OF ADDRESS** |
| **PCT** | **WARD** | **CODE** | **ADDRESS** |  | **CITY** | **ZIP** | **COUNTY** | **DATE** | **CLERK** |
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| **SUSPENSION, CANCELLATION AND REINSTATEMENT** |
| **DATE** | **EXPLAIN** | **CLERK** | **DATE** | **EXPLAIN** | **CLERK** |
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| To Election Judges: | Voting Record | 95 96 97 98 99 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 |
| For Primary, mark | Primary |  |  |  |
| D for Democrat | General |  |  |  |
| R for Republican | NonPartisan |  |  |  |
| for all other | Special |  |  |  |
| elections, markV |  |  |  |  |

STOCK 110 lb. CARD OR COMPARABLE STOCK

COLOR WHITE

SIZE 5" x 8"

TYPEFACE SIMPLE SANS SERIF, 7 AND 8 PT.

AS MANDATED BY PUBLIC LAW 103-31, THE FOLLOWING INFORMATION MUST BE PRINTED IN THE SAME TYPEFACE (ONLY THIS MATERIAL, WILL BE PRINTED IN THE 8 PT. TYPEFACE): THE BULLETED INFORMATION IN THE INSTRUCTIONS SECTION ENTITLED "TO REGISTER YOU MUST" AND "IMPORTANT INFORMATION" AND THE INFORMATION ON THE REGISTRATION FORM #8 "VOTER AFFIDAVIT"

SEAL PULL OFF ADHESIVE TAPE

(bottom edge)