10 ILCS 5/19-3, 29-10

Suggested
Revised July, 2012
SBE No. A-7

APPLICATION FOR ABSENTEE BALLOT

Applicant's Name	
Street Address	
City, State, Zip	
County	
Date of Birth*	
Phone Number*	
To be voted at the	Election
Date of Election	
Precinct	

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

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: _____ Party.

☐ Check here if you would like a nonpartisan ballot (referenda only)

I certify that I reside at the address specified above, in the stated precinct and county, that I have lived at such address for 30 days or more preceding this election, that I am lawfully entitled to vote in such precinct at said election to be held therein, and that I wish to vote by absentee ballot.

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 midnight preceding 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.

I understand that this application is made for an official absentee 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 absentee ballot or ballots to be voted by me at any subsequent election.

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

Address to which ballot should be mailed: (if different from above)

IMPORTANT:

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

Mail To:

JoDaviess County Clerk
330 N Bench St
Galena, IL 61036