

# ILLINOIS VOTER REGISTRATION APPLICATION

## FOR ILLINOIS RESIDENTS ONLY

If you are not a resident of Illinois and a U.S. Citizen, **do not continue.**  
 If you will not be 18 by the next election, **do not continue.**

**TO VOTE YOU MUST:**

- Be a United States citizen.
- 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.
- 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.  
*If you move or change your name, you must re-register.*

**DEADLINE INFORMATION:**

- Mail or deliver this form no later than 28 days before the next election.
- If you do not receive a notice within 2 weeks of mailing or delivering this application, call Adams County's Voter Registration Department at (217) 277-2163.

**CONTACT INFORMATION:**

You can mail or deliver this application to:  
 Georgia Volm, Adams County Clerk  
 507 Vermont St., Quincy, IL 62301

**IMPORTANT INFORMATION:**

- If you do not have a driver's license, State Identification Card, or Social Security number, and this form is submitted by mail, and you have never registered to vote in the jurisdiction you are now registering in, then you must send, with this

application, either (i) a copy of a current and valid photo identification, or (ii) a copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows the name and address of the voter. If you do not provide the information required above, then you will be required to provide election officials with either (i) or (ii) described above the first time you vote at a voting place or by absentee ballot.

- 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.

**TO COMPLETE THIS FORM**

- Box 3 – If you do not have a middle name, leave blank.
- Box 5 – If mailing address is same as Box 4, write "same."
- Box 6 – If you have never registered before, leave blank. If you do not remember your former address; provide as much information as possible.
- Box 7 – If you have not changed your name, leave blank.
- Box 11 – If you have an Illinois Driver's License, or Secretary of State ID, check the first box and fill in the number. If you do not have a Driver's License or SOS ID, check the second box and fill in the last four digits of your Social Security Number. If you do not have a SSN, check the third box and send a copy of the appropriate document (as described in the "Important Information" section) along with this form.
- Box 12 – Read, date and personally sign your name or make your mark in the box.

TYPE OR PRINT CLEARLY IN BLACK INK

<b>1. Are you a citizen of the United States of America? (Check one)</b> Yes <input type="checkbox"/> No <input type="checkbox"/>					OFFICE USE		
<b>2. Will you be 18 years of age on or before election day? (Check one)</b> Yes <input type="checkbox"/> No <input type="checkbox"/>							
<i>If you check "no" in response to either of these questions, do not complete this form.</i>							
3. Last Name		First Name		Middle Name or Initial		Suffix (Jr. Sr. II III IV)	
4. Address where you live (House No., Street Name)			Apt/Unit/Lot	City/Village/Town		Zip      County	
5. Mailing Address (P.O. Box, if different from above)				City/Village/Town		Zip	
6. Former Registration Address: (Include City, State and Zip Code)				Former County		7. Former Name (If changed)	
8. Date of Birth	Month	Day	Year	11. ID Number (Check the applicable box and provide the appropriate number on the line below.) <input type="checkbox"/> IL Driver's License or State ID# _____ -- _____ -- _____ <input type="checkbox"/> Last 4 digits of Social Security Number XXX-XX-_____ <input type="checkbox"/> I have none of the ID numbers listed above.			
9. Sex (circle one)							
10. Telephone Number							
12. Voter Affidavit I swear or affirm that <ul style="list-style-type: none"> <li>• I am a citizen of the United States;</li> <li>• I will be at least 18 years old on or before the next election;</li> <li>• 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;</li> <li>• This 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</li> </ul>					This is my signature or mark in the center of the box below.		
					<div style="border: 1px solid black; width: 100%; height: 60px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 2em; margin-right: 10px;">X</span> </div>		
					Today's Date _____ / _____ / _____		
13. 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 Number (    )	

