

ILLINOIS VOTER REGISTRATION APPLICATION

Use block letters only.

1	Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be at least 18 years of age on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you checked "No" in response to either of these questions, DO NOT complete this form.
2	Last Name <input style="width:90%;" type="text"/> First Name <input style="width:90%;" type="text"/>	Jr. Sr. II III IV V Suffix (Circle One If Applicable) Middle Name or Initial <input style="width:90%;" type="text"/>
3	Street Address Where You Live <input style="width:95%;" type="text"/> City <input style="width:95%;" type="text"/>	Apt. No. <input style="width:80%;" type="text"/> State <input style="width:40px;" type="text"/> I L Zip Code <input style="width:80px;" type="text"/> Macoupin County
4	Date of Birth <input style="width:40px;" type="text"/> / <input style="width:40px;" type="text"/> / <input style="width:60px;" type="text"/> Sex (Circle One) M F	Phone No. <input style="width:100px;" type="text"/> Illinois Driver's License Number or IL State ID number (If you have neither, list the last four digits of your social security number.) <input style="width:150px;" type="text"/> Previous Name (if changed) <input style="width:150px;" type="text"/>
5	Mailing Address (If Different From Above) <input style="width:95%;" type="text"/> City <input style="width:95%;" type="text"/>	Apt. No. <input style="width:80%;" type="text"/> State <input style="width:40px;" type="text"/> Zip Code <input style="width:80px;" type="text"/> County <input style="width:60px;" type="text"/>
6	Voter Affidavit - Read all the 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. * 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.	SIGN OR MARK IN BOX BELOW X _____ DATE: _____
If you cannot sign, ask the person who helped you complete this form to print their name, address and telephone number below. Name _____ Address _____ Phone Number _____		

IMPORTANT INFORMATION:

- » Federal law requires first-time voters who register by mail to show proof of identification in order to vote. You may be able to satisfy this requirement by providing your driver's license number, state ID # or, if you don't have either of these, the last 4 digits of your social security number on this form. **If we are able to verify your identity with one of these numbers, it will not be necessary for you to show ID in order to vote. If we cannot verify your identity through a valid driver's license or social security number, you will need to provide identification before you can vote.** Acceptable forms of identification include: a copy of a current and valid photo ID, or a copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows your name and address. **A copy** of your identification can be mailed in an envelope to us along with this registration form, or can be shown the first time you vote.

- » **Mail or deliver your completed application to:**
 Macoupin County Clerk's Office
 P.O. Box 107
 Carlinville, IL 62626