

### APPLICATION FOR ABSENTEE BALLOT

To be voted at the \_\_\_\_\_ Election.

Date of Election \_\_\_\_\_

County of \_\_\_\_\_, Illinois

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

| ID #          | BALLOT STYLE | Voter's Consecutive Number |
|---------------|--------------|----------------------------|
|               |              |                            |
| DATE OF BIRTH | PRECINCT     | Judge's Initials           |
|               |              |                            |

- Absentee       Early Voter       Grace Period Voter

I state that I am a resident in the precinct and residence stated above, that I have lived at said 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 the ballot or ballots to the election official issuing the same prior to the closing of the polls on the date of 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 14<sup>th</sup> day following election day. Under penalties as provided by law pursuant to Section 29-10 of the Election Code, the undersigned certifies that the statements set forth in this application are true and correct.

**FOR PRIMARY ELECTION: MUST CHECK PARTY AFFILIATION**

- DEMOCRATIC     REPUBLICAN     GREEN     NONPARTISAN     OTHER \_\_\_\_\_

Address to which ballot is to be mailed (if different from address above)  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Name of Applicant - Please Print)

