TO REGISTER TO VOTE YOU MUST:
- Be a United States Citizen
- Be at least 18 years old on or before the next election. If you are age 17 and will be 18 on or before the next election, you may register and vote in a General Primary, Consolidated Primary or Caucus
- Reside in your election precinct at least 30 days
- Not be convicted and incarcerated
- Not claim the right to vote anywhere else

DEADLINE INFORMATION:
Mail, email or deliver this form and a copy of identification as stated below (first time registering in Champaign County) in person no later than 28 days before the next election.

ACCEPTABLE FORMS OF IDENTIFICATION:
Sufficient proof of identity shall be provided by the submission of a complete Illinois driver’s license or State identification number or the last four digits of the registrant’s Social Security Number.

FIRST TIME REGISTRANTS:
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 should accompany this application. If you do not provide the information with this document, you will be required to provide election officials with either type of document the first time you vote in person or prior to voting by mail.

IMPORTANT INFORMATION:
If this application is incomplete or invalid information given, you will be notified the registration is ineligible and you must register to vote again.

RETURN TO:  CHAMPAIGN COUNTY CLERK
AARON AMMONS
1776 E Washington Street, Urbana, IL 61802
mail@champaigncountyclerk.com

TO COMPLETE THIS FORM:
Line 1 Check YES or NO to Citizenship/Age affirmation questions. Indicate whether you want to be registered in Champaign County. If not, please provide information so we can forward application to proper election authority.
Line 2 Suffix applies to your name, not year of school.
Line 3 The post office may not deliver your voter information card for failure to provide residence hall information or apartment number.
Line 4 If you receive mail at a post office box, indicate the number of the box and the City/Village/Town, Zip Code and County where it is located.
Line 5 You MUST provide your complete date of birth.
Line 7 Check the appropriate box for identification. You MUST provide one form of identification listed.
Box 10 Sign your name or make your mark in the box.

This information will not be shared with anyone outside our office.

Phone Number ____________________________
E-Mail Address ____________________________

If you have questions about completing this form, please call the Champaign County Clerk’s office at 217-384-3724 or email mail@champaigncountyclerk.com

PLEASE PRINT CLEARLY IN BLACK OR BLUE INK

Check all that apply:  ☐ New Registration  ☐ Address Change  ☐ Name Change  ☐ Office Use (Voter ID#):

ARE YOU A CITIZEN OF THE UNITED STATES? (If you check NO in response to this question do not complete the form.)  ☐ YES  ☐ NO
Will you be 18 years of age on or before the next Election?  ☐ YES  ☐ NO  Are you Registering to Vote in Champaign County?  ☐ YES  ☐ NO
Where do you want to be Registered to Vote if not Champaign County?  County ____________________________ State ____________________________

Last Name ____________________________

First Name ____________________________

Middle Name ____________________________

Suffix (Circle One)  JR  SR  II  III  IV

Address (Where You Want to be Registered to Vote) ____________________________

Apt/Unit#, MH Lot# ____________________________

U of I URH Rm# and Name ____________________________

City ____________________________

State ____________________________

Zip Code ____________________________

Mailing Address (If different than above.) ____________________________

Post Office Box # ____________________________

City ____________________________

State ____________________________

Zip Code ____________________________

Date of Birth ___/___/____

Provide One of the Following Below:
☐ Complete Illinois Driver’s License Number, or
☐ Complete Illinois State ID Number, or
☐ Only the last four digits of Social Security Number

Previous Voter Registration Name & Address:
Name ____________________________

Address (Street) ____________________________

City, State, Zip ____________________________

County ____________________________

If applicant is unable to sign this form, the person providing assistance must provide their name, address, and phone number to the right.

Name of Person Assisting ____________________________

Address ____________________________

Phone Number ____________________________

10. Sign Your Name or Place Your Mark in the Box Below:

Today’s Date:  Month: __________ Day: _______ Year: ________

Voter Affidavit:
I swear or affirm that I am the person named above, that the above information is true, that I am a Citizen of the United States, that I will be 18 years old on or before the next election, or the next General or Consolidated Election, that I will have lived in the State of Illinois and in my election precinct 30 days as of the date of the next election. I understand that if it is not true, I may be fined, imprisoned, or if I am not a U.S. Citizen, deported from or refused entry into the United States.