Champaign County Signature Update

At a minimum fill out all the fields marked with an asterisk (*) Voter ID:

Name*	1	_____ _____ _____ _____ *Last Name *First Name Middle Name Suffix
Contact Info*	2	Email Address: _____ Phone number: ( )
Identification*	3	Birth Date: _____ - _____ - _____ MM DD YYYY
Registration Address*	6	_____ _____ _____ _____ Address or P.O. Box City or Town State Zip Code
Vote by Mail Application	7	☐ I would like a vote by mail ballot for all future elections I am eligible to vote in. ☐ I would like a vote by mail ballot for ONLY the upcoming election. Primary Ballot Choice: ☐ Democratic ☐ Non-Partisan ☐ Republican
Sign Here*	8	By signing below, 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 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. VOTE BY MAIL REQUEST: 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 Electon 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 Vote by Mail ballot or ballots to be voted by me at the election specificed in this application and that I must submit a separate application for an official Vote by Mail ballot or ballots to be voted by me at any subsequent election. _____ _____ Sign Your Name or Place Your Mark Here Date
Form Assistance	9	If applicant is unable to sign this form, the person providing assistance must provide their name, address, and phone number. _____ Name Address Phone Number