**Section 216.EXHIBIT A Voter Registration Application-Illinois**

**ILLINOIS VOTER REGISTRATION APPLICATION**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| FOR U.S. CITIZENS ONLY | | **YOU CAN USE THIS FORM TO:** | | | | | | | | |
| (If you are not a citizen, do not continue) | | ● | apply to register to vote in the State of Illinois | | | | | | | |
| **TO REGISTER YOU MUST:** | | ● | change your address on your voter registration card | | | | | | | |
| ● | be a United States citizen | ● | change your name (change due to marriage, etc.) | | | | | | | |
| ● | 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 | **TO COMPLETE THIS FORM:** | | | | | | | | |
|  | ● | Box 1 – If you do not have a middle name, print "none" | | | | | | | |
| ● | not be convicted and in jail | ● | Box 3: – If you have never registered before, print “none”. If you do not remember your former address, print "unsure". If you have not changed your name, print "same". | | | | | | | |
| ● | not claim the right to vote anywhere else |  |
|  |  |  |
| DEADLINE INFORMATION: | |  |
| ● | Mail or deliver this form no later than 29 days before the next election. | ● | Box 8 – Read, date and personally sign your name or | | | | | | | |
|  |  | make your mark in the box. | | | | | | | |
| ● | If you do not receive a Notice within 2 weeks of mailing or delivering this form, call the County Clerk or Board of Election Commissioners named on the front of this card. | **IF YOU HAVE NO STREET ADDRESS**, describe your home: list the name of subdivisions; cross streets; roads; landmarks, mileage and/or neighbor's names. | | | | | | | | |
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| **IMPORTANT INFORMATION:** | |  | |  | | |  | | |  |
| ● | if you register by mail, the first time you vote must be in person | **N** | | | | | | | | |
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|  | | **W** | | | |  |  | **E** | | |
| ● | 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 |  |  |
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| FOLD LINE | | | PRINT CLEARLY OR TYPE IN BLACK OR BLUE INK | | | | | | | |  | | |
|  | | | | | | | | | | | Office Use | |  |
| 1. Last NAME | | | | First Name | | | Middle Name or Initial | | Suffix (Circle One) | |  | | |
|  | | | | | | |  | | JR. SR. II III IV |  | | | |
| 2. Address where you live (do not give P.O. address) House No. Street Name | | | | | | | City/Village/Town | | Township | | |  | |
|  | |
| Apt. No./P.O. Box | | County | | | Zip Code | |
|  | | |  | |
| 3. Former Registration Address: (include City and State) | | | | | | | County | | Former Name: (if changed) | | | | |
|  | |  | | |  |  | | |  | | | | |
| 4. Date of Birth: | | 5. Sex (Circle One) | | | 6. Telephone Number (optional) | | | | 7. Full Social Security No. Or last 4 digits only | | | | |
| Month Day Year | | M F | | |
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| 8. | | Voter Affidavit – Read all statements and sign within | | |  | ● | | | This is my signature or mark in the space below. | | | | | |
|  | | 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 30 days as of the date of the next election. | |  | |  | | | | |  | |  |
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|  | | |  | |  | | | | |  | |  |
| ● | | | All of the above information is true. I understand that if it is not true, I can be convicted of perjury and fined up to $5,000 and/or jailed for 2 to 5 years. | |  | | ⎣ | | | | | ⎦ | |  |
|  | | |  |  | | | | | | | | |
|  | | |  |  | | | | | | | | |
|  | | |  | | | Date: | |  | | |  | |
| 9. | 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 | | | | Full Address | | | | | | | Telephone No. | | | |
|  | | | | | | | | | | | | | | |
| FOLD ON DOTED LINES, PEEL OFF TAPE, SEAL AND MAIL | | | | | | | | | | | | | | |
| \*Mandated Oct. 1996 | | | | | | | | | | | | | | |

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| YOUR ADDRESS | | | |  | | | |  | | |  | | | | back of SBE No. R-19 | | | | |
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| CHANGE OF ADDRESS | | | | | | | | | | | | | | | | | | | |
| PCT | WARD | | CODE | | ADDRESS | |  | | CITY | | | ZIP | COUNTY | | | DATE | | | CLERK |
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| SUSPENSION, CANCELLATION AND REINSTATEMENT | | | | | | | | | | | | | | | | | | | |
| DATE | | | | EXPLAIN | | | | CLERK | | DATE | | | | EXPLAIN | | | | CLERK | |
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| To Election Judges: | | Voting Record | | | | 95 96 97 98 99 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 | | | | | | | | | | | | | |
| For Primary, mark | | Primary | | | |  | | | | | | | | | | | | | |
| D for Democrat | | General | | | |  | | | | | | | | | | | | | |
| R for Republican | | NonPartisan | | | |  | | | | | | | | | | | | | |
| for all other | | Special | | | |  | | | | | | | | | | | | | |
| elections, markV | |  | | | |  | | | | | | | | | | | | | |

\*Mandated: Oct. 1996

SBE No. R-19A

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| 1. Last Name First Name Middle Name or Initial | | | | | | | | | | | | | | | | | | | | | | | | | Suffix (Circle One)  JR. SR. II III IV | | | | | | | | |  | | | | | | | |
| 2. Address where you live (do not give P.O. address) House No. Street Name | | | | | | | | | | | | | | | | | City/Village/Town | | | | | | | | | | | Township | | | | | | |  | | | | | | |
| Apt. No./P.O. Box | | | | | | | | | | | County | | | | | | | Zip Code | | | | | | |
| 3. Former Registration Address: (include City and State) | | | | | | | | | | | | | County | | | | | | | | | | | | Former Name: (if changed) | | | | | | | | | | | | | | | | |
| 4. Date of Birth:  Month Day Year | | | | | | | | | 5. Sex (Circle One)  M F | | | | | 6. Telephone Number (optional) | | | | | | | | | | | | | | | 7. Full Social Security No. Or last 4 digits only | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| 8. | | Voter Affidavit – Read all statements and sign within | | | | | | | | | | | | | | | | ● | This is my signature or mark in the space below. | | | | | | | | | | | | | | | | | | | | | | |
|  | | 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 30 days as of the date of the next | | | | | | | | | | | | | |  | | |  | | | | | | | | | |  | | | | | | |  | | | |
|  | | | | election. | | | | | | | | | | | | | |  | | |  | | | | | | | | | |  | | | | | | |  | | | |
| ● | | | | All of the above information is true. I understand | | | | | | | | | | | | | |  | | | ⎣ | | | | | | | | | | ⎦ | | | | | | |  | | | |
|  | | | that if it is not true, I can be convicted of perjury and | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | fined up to $5,000 and/or jailed for 2 to 5 years. | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | |  | | | Date: | | |  | | | | | | | | | | | | | | |  | | | |
| 9. | 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 | | | | | | | | | | Full Address | | | | | | | | | | | | | | | | | | | | Telephone No. | | | | | | | | | | | |
| back of SBE No. R-19A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CHANGE OF ADDRESS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PCT** | | | | | **WARD** | | **CODE** | | | | **ADDRESS** | | | | |  | | | | **CITY** | | | | | | | **ZIP** | | | | | **COUNTY** | | | | | **DATE** | | | | **CLERK** |
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| **SUSPENSION, CANCELLATION AND REINSTATEMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DATE** | | | | | | | | **EXPLAIN** | | | | | | | **CLERK** | | | | | | | **DATE** | | | | | | | | | | | **EXPLAIN** | | | | | | | **CLERK** | |
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| To Election Judges: | | | | | | Voting Record | | | | | | 95 96 97 98 99 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For Primary, mark | | | | | | Primary | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | |
| D for Democrat | | | | | | General | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | |
| R for Republican | | | | | | NonPartisan | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | |
| for all other | | | | | | Special | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | |
| elections, markV | | | | | |  | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | |

STOCK 110 lb. CARD OR COMPARABLE STOCK

COLOR WHITE

SIZE 5" x 8"

TYPEFACE SIMPLE SANS SERIF, 7 AND 8 PT.

AS MANDATED BY PUBLIC LAW 103-31, THE FOLLOWING INFORMATION MUST BE PRINTED IN THE SAME TYPEFACE (ONLY THIS MATERIAL, WILL BE PRINTED IN THE 8 PT. TYPEFACE): THE BULLETED INFORMATION IN THE INSTRUCTIONS SECTION ENTITLED "TO REGISTER YOU MUST" AND "IMPORTANT INFORMATION" AND THE INFORMATION ON THE REGISTRATION FORM #8 "VOTER AFFIDAVIT"

SEAL PULL OFF ADHESIVE TAPE

(bottom edge)