

10 ILCS 5/19-3,  
29-10  
Suggested Revised  
June, 2015  
SBE No. A-7

**APPLICATION FOR VOTE BY MAIL BALLOT**

**PRINT NAME AND ADDRESS**

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Voter Code \_\_\_\_\_

FOR PRIMARY USE ONLY		BALLOT CODE
<input type="checkbox"/> DEMOCRATIC	<input type="checkbox"/> NONPARTISAN (Referenda only)	
<input type="checkbox"/> REPUBLICAN	_____	
PRECINCT I.D.	CODE	

I certify that I reside at the address specified above, in the stated precinct and county, that I have lived at such 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 vote by mail ballot.

**CHECK  
ONLY  
ONE  
BOX**

<input type="checkbox"/> Vote by Mail	<input type="checkbox"/> Hospitalization	<input type="checkbox"/> Military Voter
<input type="checkbox"/> Early Voter	<input type="checkbox"/> Disabled Voter	<input type="checkbox"/> Nursing Home Resident
<input type="checkbox"/> Grace Period Registration	_____	

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 midnight preceding election day, for counting no later than during the period for counting provisional ballots, that last day of which is the 14<sup>th</sup> 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 specified 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.

Under penalties as provided by law pursuant to 10 ILCS 5/29-10, the undersigned certifies that the statements set forth in this application are true and correct.

**X** ADDRESS TO WHICH BALLOT IS TO BE MAILED

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**X** Dated \_\_\_\_\_, 20\_\_\_\_

**X** \_\_\_\_\_  
(Signature of Applicant)

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

\_\_\_\_\_  
(phone number)

10 ILCS 5/19-4, 19-2, 19-6, 29-20

**NOTICE TO VOTE BY MAIL VOTERS**

If you knowingly make a false statement under oath in order to get a vote by mail ballot, you are guilty of a SERIOUS CRIME punishable by up to five (5) years in prison (10 ILCS 5/29-10) and shall be ineligible for public employment for a five (5) year period following completion of the sentence. Any person who knowingly solicits you to falsify your eligibility to cast a vote by mail ballot is guilty of a Class 3 felony, (10 ILCS 5/29-20)

Your ballot may be returned to the election authority by mail, or delivered in person. In person delivery can be by either the voter or by any person authorized by the voter, or by a company licensed as a motor carrier of property by the Illinois Commerce Commission under the Illinois Commercial Transportation Law, which is engaged in the business of making deliveries. If delivered, the ballot must be received by the election authority prior to the polls closing (at 7:00 PM) on Election Day. If mailed, the ballot must be postmarked by Election Day (please note that special rules apply to a voter who has been admitted to a hospital, nursing home or rehabilitation center with 14 days of the election; you may contact your election authority for further information if this is your situation).

TO THE PERSON PROVIDING ASSISTANCE TO VOTERS: YOU HAVE BEEN SELECTED BY A VOTER TO PROVIDE VOTING ASSISTANCE. UNDER ILLINOIS LAW, ONLY VOTERS WHO ARE BLIND, PHYSICALLY DISABLE OR UNABLE TO READ OR WRITE THE ENGLISH LANGUAGE MAY BE ASSISTED BY A RELATIVE OR FRIEND. INDIVIDUALS WHO CANNOT ASSIST VOTER INCLUDE THE VOTER'S EMPLOYER OR AGENT OF THAT EMPLOYER OR OFFICER OR AGENT OF THE VOTER'S UNION OR A CANDIDATE WHOSE NAME APPEARS ON THE BALLOT(unless the candidate is the spouse, parent, child, brother or sister of the voter).

**YOU MUST MARK THE BALLOT AS DIRECTED BY THE VOTER. INDIVIDUALS WHO MAKE ANY ATTEMPT TO INFLUENCE THE VOTER'S CHOICE OF CANDIDATES, PARTY OR VOTES IN RELATION TO A PUBLIC QUESTION, OR TO MARK THE BALLOT OTHER THAN AS DIRECTED BY THE VOTER MAY BE GUILTY OF A CLASS FELONY. IF YOU CANNOT TELL THE VOTER'S INTENT, YOU MUST NOT MARK THE BALLOT IN ANY WAY. YOU MAY NOT SUBSEQUENTLY DIVULGE THE CANDIDATE(S) OR PUBLIC QUESTIONS FOR WHOM THE VOTER INSTRUCTED YOU TO CAST BALLOTS.**

MAIL TO: OGLE COUNTY CLERK, 105 S. 5<sup>TH</sup> ST #104, OREGON, IL 61061