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www.co.sangamon.il.us/election

**APPLICATION FOR ABSENT VOTER'S BALLOT
 (PLEASE PRINT)**

Applicant's Name: _____ Date of Birth: _____

Residence Address: _____ City: _____ Zip: _____

Township: _____ Precinct Number: _____ Daytime Phone #: _____

Type of Election: _____ Date of Election: _____

How long have you lived at the above address? _____ years _____ months

Party Affiliation (ONLY If Partisan Primary) **Circle One:** Democratic Green Republican Nonpartisan

I hereby make application for an official ballot to be voted by me at such election, and I agree that I shall return such ballot to the election 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, the last day of which is the 14th day following election day.

I certify that I reside at the address stated above which is located in Sangamon County; that I am lawfully entitled to vote in said precinct at the stated election.

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

Signature of Applicant

Address to which ballot is mailed: (ONLY if outside of Sangamon County)

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

(if different than above)

This application MUST be received at least 5 days prior to an Election.

Revised 10/22/09