



DON GRAY
SANGAMON COUNTY CLERK
ELECTION OFFICE
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APPLICATION FOR VOTE BY MAIL BALLOT
(PLEASE PRINT)

Applicant's Name: _____ Date of Birth: _____

Street Address: _____ City: _____ Zip: _____

Daytime / Cell Phone #: _____ Evening Phone #: _____

Email: _____

Type of Election: Primary Election

Date of Election: March 19, 2024

Party Affiliation: **(Voter MUST Check One)**: Democratic Republican Nonpartisan (Referenda ONLY)

I state that I reside at the address specified above, in the stated municipality in Sangamon County, IL, that I have resided at such address for at least 30 days; that I am lawfully entitled to vote at said election to be held therein, and that I wish to vote by mail.

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 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 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 understand that this application is made for an official vote by mail ballot 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 to be voted by me at any subsequent 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.

(Note: The applicant MUST sign below. No one else may sign on the applicant's behalf.)

Sign Here →

Signature of Applicant

Today's Date

Address to which ballot is mailed: (Complete ONLY if different than address above and outside of Sangamon County)

Address: _____

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

(if different than above)

This application MUST be received by March 14, 2024 (at least 5 days prior to an Election).