



JERSEY COUNTY
APPLICATION FOR
VOTE-BY-MAIL OR PERMANENT VOTE-BY-MAIL

OFFICE USE ONLY

Table with 2 columns and 5 rows: VOTER ID, PREC CODE, BALLOT STYLE, JUDGE INIT, VBM #

Voter Name: _____

Voter Residence Address: _____

Voter's Date of Birth: _____ Daytime or Cell Phone Number: _____

Address to which ballot is to be mailed (if different than residence address):

Address: _____

City: _____ State: _____ Zip: _____

PLEASE CHECK ONE:

- I wish to vote by mail in this election only.
I wish to vote by mail in all elections that do not require a party designation.
I wish to vote by mail in all elections and wish to receive the party ballot indicated below in all elections that require a party designation.

Democratic

Republican

REQUIRED CHECK-OFF FOR ALL VOTE BY MAIL:

- I certify that I have lived at the residence address listed above for at least 30 days before Election Day. I am a United States Citizen, legally entitled to vote in such election in Jersey County.
I hereby apply for an official Vote by Mail Ballot to be voted by me, and I agree that I will return the ballot to the County Clerk, postmarked no later than Election Day, or hand delivered no later than 7:00 PM on Election Day.
By submitting this application, under penalties prescribed in 10 ILCS 5/29-10 of the Election Code, I certify that the statements made in this application are true and correct.

VOTER MUST SIGN HERE

Handwritten Only

Large rounded rectangular box for handwritten signature.

Submit this application via mail or email at least 5 days prior to an Election

JERSEY COUNTY CLERK

P. O. BOX 216

JERSEYVILLE, IL 62052

elections@jerseycounty-il.gov