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

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   ☐ Non-Partisan (Referendum only)

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

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