



# APPLICATION FOR BALLOT

April 1, 2025 – Consolidated Election

|   |   |  |
|---|---|--|
| <b>Applicant's Information</b><br>Please provide your name and Madison County registration address. Additional information may aid in processing your ballot.   | 1 | Name _____<br>Street Address _____ Apt. _____<br>City/Town _____ State _____ Zip code _____<br>Date of Birth _____   |
| <b>Mailing Address</b><br>If different from above   | 2 | <input type="checkbox"/> Same as above <b>-OR-</b> Address or P.O. Box _____<br>City/Town _____ State _____ Zip code _____   |
| <b>Contact info</b>   | 3 | Phone (with area code) _____ Email _____   |
| <b>Single Election</b><br>Voter will only receive a ballot for the election specified and must submit a separate application for ballot at each election.   | 4 | <input type="checkbox"/> <b>I wish to vote by mail in the 2025 Consolidated Election ONLY.</b><br><u>Voters who select this option will need to submit a new application for ballot prior to each future election that they intend to vote by mail.</u><br><br><b>A single-election application must be submitted to the election authority within 90 days of election day.</b>  |
| <b>Permanent Vote by Mail</b><br>Voter will receive a ballot for future elections based on option selected. Voter will only receive a primary ballot if the party listed is an established party in a race for which the voter is entitled to vote. | 5 | <input type="checkbox"/> <b>I wish to vote by mail in all subsequent elections that do not require a party designation.</b><br><u>Voters who select this option will receive a ballot in all general and consolidated elections, but not primary elections which require a party designation.</u><br><div style="text-align: center;">OR</div> <input type="checkbox"/> <b>I wish to vote by mail in all subsequent elections and wish to receive the party ballot indicated below in all elections that require a party designation.</b><br><u>Voters who select this option will receive a ballot in all future elections so long as the party listed is an established party.</u><br><br><input type="checkbox"/> Democratic Primary <input type="checkbox"/> Republican Primary <input type="checkbox"/> Other Primary _____   |
| <b>Opt Out</b>  | 6 | <input type="checkbox"/> <b>I wish to opt out of all future notifications of the permanent vote by mail program.</b>   |
| <b>Attestation</b>  | 7 | As required by 10 ILCS 5/19-3, I affirm that I currently reside at the address and precinct listed immediately above and have lived there for 30 or more days. I further affirm I am lawfully entitled to vote and understand that this application is a request for an official ballot by mail to be voted by me at this election. Under penalties provided in 10 ILCS 5/29-10, I certify the information in this application is true and correct.<br>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 <u>or</u> for continuing vote by mail, I am currently a registered voter and wish to apply for permanent vote by mail status.<br>I understand my ballot may be counted within 14 days after the election if: 1.) returned by mail with postage postmarked no later than Election Day or 2.) returned to the office of the election authority prior to the close of the polls on Election Day. I understand that if I cast a ballot prior to Election Day I shall not be permitted to revoke that ballot or vote another ballot with respect to this election. |
| <b>Signature</b>  | 8 | Voter sign here<br><div style="font-size: 2em; font-family: cursive;">X</div><br>Date (MM/DD/YY) _____   |
|   |   | Official Use<br>Signature Verified by _____  |

|  |   |
|--|---|
| <b>Mail or deliver your completed application to:</b><br><b>Madison County Clerk</b><br><b>157 N. Main St., Room 109</b><br><b>P.O. Box 218</b><br><b>Edwardsville, IL 62025</b> | <b>If you have any questions, please contact our office:</b><br><b>Phone: (618) 692-6290</b><br><b>Email: VoteByMail@madisoncountyiil.gov</b> |
|--|---|