

**APPLICATION FOR VOTE BY MAIL  
BALLOT  
St. Clair County, Illinois**

**FOR ELECTION AUTHORITY'S USE ONLY**

ID #	BALLOT STYLE	Voter's Consecutive Number
DATE OF BIRTH	PRECINCT	Judge's Initials

**FOR OFFICE USE ONLY**

Absentee   
  Early Voter   
  Grace Period Voting

I state that I am a resident of St. Clair County, residing at, \_\_\_\_\_,  
 that I have lived at said address for 30 days or more preceding this election, that I am lawfully entitled to vote at the  
 \_\_\_\_\_ Election on \_\_\_\_\_.

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 election or, if returned by mail, postmarked no later than 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 penalties as provided by law pursuant to 10 ILCS 5/29-10, the undersigned certifies that the statements set forth in this application are true and correct.

**FOR PRIMARY ELECTION: MUST CHECK PARTY AFFILIATION:**

DEMOCRAT   
  REPUBLICAN   
  GREEN   
  NONPARTISAN

Dated: \_\_\_\_\_

Address to which ballot is to be mailed:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 (Signature of Applicant)

\_\_\_\_\_  
 (Name of Applicant - Please Print)

\_\_\_\_\_  
 (Date of Birth)

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Upon completion of application mail to:  
 THOMAS HOLBROOK, St. Clair County Clerk  
 Attn: Election Department  
 10 Public Square  
 Belleville, IL 62220-1623