APPLICATION FOR ABSENTEE BALLOT
COUNTY CLERK, CLINTON COUNTY, ILLINOIS

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

10ILCS 5/3-2, 19-3, 29-10 Revised October 2009
AB-6L Platinum – Geneva, IL

☐ **Absentee** ☐ **Early Voter** ☐ **Grace Period Voter**

I state that I am a resident in the precinct and residence stated above, that I have lived at said address for 30 days or more preceding this election, that I am lawfully entitled to vote in such precinct at said election to be held therein; and that I wish to vote by absentee ballot.

I hereby make application for an official ballot or ballots to be voted by me at such election, and I agree that I shall return the ballot or ballots 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 midnight preceding 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. Under penalties as provided by law pursuant to Section 29-10 of the Election Code, the undersigned certifies that the statements set forth in this application are true and correct.

FOR PRIMARY ELECTION: MUST CHECK PARTY AFFILIATION

☐ **DEMOCRATIC** ☐ **REPUBLICAN** ☐ **GREEN** ☐ **NONPARTISAN** ☐ **OTHER** _____

Address to which ballot is to be mailed (if different from address above)

Dated _____, 20 _____

(Signature of Applicant)

(Name of Applicant - Please Print)

10 ILCS 5/19-4, 19-5, 19-6, 29-20

Suggested
Revised October 2009
SBE No. B-7-2A

NOTICE TO ABSENTEE VOTERS

TO THE VOTER: In signing the certification on the absentee Certification Envelope, you are attesting that you personally marked this absentee ballot in secret. If you are physically unable to mark the ballot, a friend or relative may assist you after completing the affidavit on the Certification Envelope. Federal and State laws prohibit your employer, your employer's agent or an officer or agent of your union from assisting physically disabled voters. State law prohibits a candidate whose name appears on the ballot (unless the physically disabled voter is the spouse, parent, child, brother or sister of the candidate) from assisting a physically disabled voter.

TO THE PERSON PROVIDING ASSISTANCE TO A VOTER: YOU HAVE BEEN SELECTED BY A VOTER TO PROVIDE VOTING ASSISTANCE. UNDER ILLINOIS LAW, **ONLY** VOTERS WHO ARE BLIND, PHYSICALLY DISABLED OR UNABLE TO READ OR WRITE THE ENGLISH LANGUAGE MAY BE ASSISTED BY A RELATIVE OR FRIEND. INDIVIDUALS WHO CANNOT ASSIST VOTERS INCLUDE THE VOTER'S EMPLOYER OR AGENT OF THAT EMPLOYER OR OFFICER OR AGENT OF THE VOTER'S UNION.

YOU MUST MARK THE BALLOT AS DIRECTED BY THE VOTER. INDIVIDUALS WHO MAKE ANY ATTEMPT TO INFLUENCE THE VOTER'S CHOICE OF CANDIDATES, PARTY OR VOTES IN RELATION TO A PUBLIC QUESTION, OR TO MARK THE BALLOT OTHER THAN AS DIRECTED BY THE VOTER MY BE GUILTY OF A CLASS 4 FELONY. IF YOU CANNOT TELL THE VOTER'S INTENT, YOU MUST NOT MARK THE BALLOT IN ANY WAY. YOU MAY NOT SUBSEQUENTLY DIVULGE THE CANDIDATE(S) OR PUBLIC QUESTION(S) FOR WHOM THE VOTER INSTRUCTED YOU TO CAST BALLOTS.

Upon completion remove the application and mail to:

Clinton County Clerk
P O Box 308
Carlyle IL 62231