

APPLICATION FOR ABSENTEE BALLOT
MAIL TO: 307 W. CENTER ST
CAMBRIDGE, IL. 61238

VOTER CODE	BALLOT STYLE	ENTER VOTER'S CONSECUTIVE NO. NO. _____	JUDGE'S INITIALS	ENTER VOTER'S SERIAL NO.
ELECTION AUTHORITY'S USE ONLY		JUDGE'S USE ONLY		

To be voted at the _____ Election in the County of Henry and State of Illinois, in the
 _____ (General or Primary)
 _____ precinct of the _____ in the City of _____.
 (1) *Township (2) *City or (3) *Ward

I state that I am a resident of the _____ precinct of the _____ in the City of
 _____ (1) *Township (2) *City or (3) *Ward
 _____, residing at _____ in such city or town in the County of
 Henry and State of Illinois; that I have lived at such address for _____ month(s) last past; that I am lawfully entitled to vote in
 such precinct at the _____ election to be held therein on _____; 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 such ballot or
 ballots to the official issuing the same prior to the closing of the polls on the date of the 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 10 ILCS 5/29-10, the undersigned certifies that the statements set forth in this application
 are true and correct.

I request ballot for: _____ Party.
 (For a Primary)

Date X _____, 20_____

Address to which ballot is to be mailed:

X _____
 (Signature of Applicant)

 (Name of Applicant – Please Print)

 Date of Birth