

# CHAMPAIGN COUNTY VOTER REGISTRATION APPLICATION

New Voter Registration, Change of Address or Name Change – For Illinois Residents Only

Suggested August 2015  
SBE R-19

**TO REGISTER TO VOTE YOU MUST:**

- Be a United States Citizen.
- **Be at least 18 years old on or before the next election; 17 years old to vote in a Primary if you will be 18 as of the following General Election.**
- Live in the precinct at least 30 days prior to the next election.
- Not be convicted and in jail.
- Not claim the right to vote anywhere else.

**DEADLINE INFORMATION:**

Mail or deliver this form no later than 28 days before the next election. If you do not receive a voter identification card within 2 weeks of mailing or delivering this application, call the Champaign County Clerk's office at 217-384-3724.

**ACCEPTABLE FORMS OF IDENTIFICATION:**

Sufficient proof of identity shall be provided by submission of an Illinois driver's license or State identification number. If a person does not have either of those forms, the last 4 digits of your Social Security number may be provided. **A copy of your ID can accompany this application or emailed to [mail@champaigncountyclerk.com](mailto:mail@champaigncountyclerk.com).**

**If this application is not fully completed and/or invalid information given, you will be notified that the registration is ineligible and you must register to vote again.**

**RETURN TO:** **Gordy Hulten**  
Champaign County Clerk  
1776 E Washington Street, Urbana, IL 61802-4581  
217-384-3724

If you change your name you must re-register. If you register at a public service agency, information regarding the agency that assisted you will remain confidential as will any decision not to register.

**TO COMPLETE THIS FORM:**

- Box 2 If you do not have a middle name, leave it blank. Suffix applies to your name, **not the year of school you're attending.**
- Box 3 If you reside in a residence hall, you **MUST** indicate your room number.
- Box 4 If mailing address is the same as Box 3, write "same." If you receive mail at a Post Office box, indicate the number of the box and the City/Village/Town, Zip Code, and County it is located in.
- Box 7 Check the appropriate box for the identification you wish to provide. **Be sure to enter the complete Illinois driver's license number or Illinois identification number and/or only the last 4 digits of your Social Security number on the line provided.**
- Box 10 Personally sign your name or make your mark in the box.

<b>This information will not be shared with anyone outside our office.</b>
Phone Number _____
E-Mail Address _____

**If you have questions about completing this form, please call the Champaign County Clerk's office at 217-384-3724 or email [mail@champaigncountyclerk.com](mailto:mail@champaigncountyclerk.com).**

PLEASE PRINT CLEARLY IN BLACK OR BLUE INK

<b>Check all that apply:</b> <input type="checkbox"/> New Registration <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change					Office Use Only
1	<b>ARE YOU A UNITED STATES CITIZEN?</b> (If you are not a US Citizen, do not complete this form.) <input type="checkbox"/> YES <input type="checkbox"/> NO				
	<b>Will you be <u>AT LEAST</u> 18 years of age on or before the next General Election?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO				
2	Last Name	First Name	Middle Name	Suffix (Circle One) Jr Sr II III IV	
3	Address Where You Currently Reside		APT#, LOT#, UNIT#, U of I RESIDENCE HALL RM#	Village/City/Town	Zip Code
4	Mailing Address (If different than above.)		Post Office Box #	Village/City/Town	Zip Code
5	Date of Birth / / Month / Day / Year	<b>Provide One of the Following Below:</b> <input type="checkbox"/> Illinois Driver's License number; or <input type="checkbox"/> Illinois Secretary of State ID number; or <input type="checkbox"/> Last 4 digits of Social Security number _____	Previous Voter Registration Name and/or Address (if any): Name _____ Address (Street) _____ City, State, Zip _____ County _____		
6	Gender (Circle One) M    F				
9	If applicant is unable to sign this form, the person Assisting must give their name, address, and Telephone number on the line to the right.				
	Name of Person Assisting		Address		Telephone Number

**Voter Affidavit:**

**I swear or affirm that I** am the person named above, that the above information is true, that I am a citizen of the United States, that I will be 18 years old on or before the next election or the next General Election, that I will have lived in the State of Illinois and in my election precinct 30 days as of the date of the next election. I understand that if it is not true, I can fined, imprisoned, or if I am not a U.S. citizen, deported from or refused entry into the United States.

**10. Sign Your Name or Put Your Mark in the Box Below:**

Today's Date \_\_\_\_\_  
Month                      Day                      Year