

APPLICATION FOR BALLOT

2023 CONSOLIDATED ELECTION - 04/04/2023

ID	BALLOTSTYLE	Voters Consecutive #
DATE OF BIRTH	PRECINCT	Judge's Initials

Name: _____
 Residence Address: _____

VOTE BY MAIL

SPOILED BALLOT - RECEIVED ANOTHER

I certify that I reside at the address specified above, in the stated precinct and county, that I have lived at such 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 early or mail ballot.

I hereby make application for an official ballot or ballots to be voted by me at such election and 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 election or, if returned by mail, postmarked no later than midnight of 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.

I understand that this application is made for an official ballot or ballots to be voted by me at the election specified in this application and that I must submit a separate application for an official ballot or ballots to be voted by me at any subsequent election.

Under penalties as provided by law pursuant to 10 ILCS 5/29-10 of the Election Code, the undersigned certifies that the statements set forth in this application are true and correct.

Address to which ballot is to be mailed (correct if necessary)

Dated _____, 20_____

 (Signature of Applicant)

 (Name of Applicant - Please Print)

- NOTICE TO VOTE BY MAIL VOTERS -

Your ballot may be returned to the election authority by mail, or delivered in person. In person delivery can be by either the voter or by any person authorized by the voter, or by a company licensed as a motor carrier of property by the Illinois Commerce Commission under the Illinois Commercial Transportation Law, which is engaged in the business of making deliveries. If delivered, the ballot must be received by the election authority prior to the polls closing (at 7:00 PM) on Election Day. If mailed, the ballot must be postmarked by Election Day (please note that special rules apply to a voter who has been admitted to a hospital, nursing home or rehabilitation center within 14 days of the election; you may contact your election authority for further information if this is your situation).

TO THE VOTER: In signing the certification on the vote by mail ballot envelope, you are attesting that you personally marked this vote by mail ballot in secret. If you are physically unable to mark the ballot, a friend or relative may assist you after completing the enclosed affidavit. 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 VOTERS: 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, or a candidate whose name appears on the ballot (unless the candidate is the spouse, parent, child, brother or sister of the voter).

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 may be guilty of a class 3 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 questions for whom the voter instructed you to cast ballots.

Upon completion remove the application and mail to:

**PETE DUNCAN, MACOUPIN COUNTY CLERK
PO BOX 107
CARLINVILLE IL 62626**