

# **AIDS VOTE = FIGHT AIDS**

**CHICAGO AND LOCAL ELECTIONS ARE  
FEBRUARY 27, 2007**

**MAIL-IN VOTER REGISTRATION DEADLINE IS  
JANUARY 30, 2007**

**Complete and mail the attached voter registration  
form to:**

Attention: Registration Department  
Chicago Board of Election Commissioners  
69 W. Washington St. Suite 600  
Chicago, Illinois 60602

Download copies and forms in Spanish and other languages at  
[www.chicagoelections.com](http://www.chicagoelections.com). For other towns or cities, go to  
[www.elections.state.il.us](http://www.elections.state.il.us).

Visit [www.aidschicago.org](http://www.aidschicago.org) in February for results of a candidate questionnaire  
indicating how candidates stand on key local HIV/AIDS policy issues.



aids**vote**.org

# ILLINOIS VOTER REGISTRATION APPLICATION

## TO VOTE YOU MUST:

- Be a United States citizen.
- Be at least 18 years old on or before the next election.
- Live in your election precinct at least 30 days before the next election.
- Not be convicted and in jail.
- Not claim the right to vote anywhere else.

## YOU CAN USE THIS FORM TO:

- Apply to register to vote in the State of Illinois.
- Change your address on your voter registration record.
- Change your name on your voter registration record.

## DEADLINE INFORMATION:

- Mail or deliver this form no later than 28 days before the next election.
- If you do not receive a notice within 4 weeks of mailing or delivering this application, call the Board of Elections at (312) 269-7960.

## RETURN THIS FORM:

- Mail or deliver your completed application to:  
Chicago Board of Elections, 69 W. Washington St., #600, Chicago, IL 60602

## IMPORTANT INFORMATION:

- Federal law requires first-time voters who register by mail to show proof of identification in order to vote. You may be able to satisfy this requirement by providing your driver's license number or, if you do not have a driver's license, the last 4 digits of your social security number on this form. If we are able to verify your identity with one of these numbers, it will not be necessary for you to show ID in order to vote.

**If we cannot verify your identity through a valid driver's license number or social security number, you will need to provide identification before you can vote.**

Acceptable forms of identification include:

- a copy of a current and valid photo ID, or
- a copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows your name and address.

**A copy** of your identification can be mailed in an envelope to this office along with this registration form, or can be shown the first time you vote.

- If you register by mail, you must vote in person the first time you vote.
- If you register at a public service agency, any information regarding the agency which assisted you will remain confidential as will any decision not to register.
- If you change your name, you must re-register.

TYPE OR PRINT CLEARLY IN BLUE OR BLACK INK

<b>Are you a citizen of the United States of America?</b> (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>Office Use</b>
<b>Will you be 18 years of age on or before election day?</b> (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked "no" in response to either of these questions, then do not complete this form.				
You can use this form to: (check one) <input type="checkbox"/> apply to register to vote in Illinois <input type="checkbox"/> change your address <input type="checkbox"/> change your name				
1. Last Name		First Name	Middle Name or Initial	Suffix (circle one) Jr. Sr. II III IV
2. Address where you live (House No., Street Name, Apt. No.)		City/Village/Town	Zip Code	County Township
3. Mailing address (P.O. Box)		City/Village/Town, State	Zip Code	
4. Former Registration Address: (Include City and State and Zip Code)		Former County	5. Former Name: (if changed)	
6. Date of birth: MM/DD/YY		8. Home telephone number including area code (optional)		9. ID number – check the applicable box and provide the appropriate number <input type="checkbox"/> IL Driver's License or, if none, Sec. of State ID or <input type="checkbox"/> Last 4 digits of Social Security Number <input type="checkbox"/> I have none of the above-listed identification numbers.  ID #: _____
7. Sex (circle one) M      F		(      )		

10. Voter Affidavit – Read all statements and sign within the box to the right.

**I swear or affirm that:**

- I am a citizen of the United States;
- I will be at least 18 years old on or before the next election;
- I will have lived in the State of Illinois and in my election precinct at least 30 days as of the date of the next election;
- The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, then I may be fined, imprisoned, or if I am not a U.S. citizen, deported from or refused entry into the United States.

This is my signature or mark in the space below

Today's Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

11. If you cannot sign your name, ask the person who helped you fill in this form to print their name, address and telephone number.

\_\_\_\_\_  
Name of person assisting

\_\_\_\_\_  
Full Address

\_\_\_\_\_  
Telephone No.