

**APPLICATION FOR VOTE BY MAIL**

Below you will find your application to Vote by Mail in a single election or permanently in all elections you select. Your application must be completed, signed and returned to the County Elections Office prior to receiving a ballot. **Applications can be sent back via mail, email, E-mail: [elections@stclaircountyil.gov](mailto:elections@stclaircountyil.gov) fax: 618-277-8783 or in person.**

**OPTION 1**

**OPTION 2**

**APPLICATION**  
**VOTE BY MAIL BALLOT, THIS ELECTION ONLY**  
**APRIL 1, 2025 CONSOLIDATED ELECTION**

**APPLICATION**  
**PERMANENT VOTE BY MAIL STATUS**

\_\_\_\_\_  
 Voter's Initials

I am currently a registered voter and wish to apply for Permanent Vote by Mail Status

- I wish to vote in all subsequent elections that DO NOT require a party designation OR:  
 I wish to vote in ALL subsequent elections AND I wish to receive the following ballot in elections requiring a party designation:  
 Democratic  
 Republican  
 Non-Partisan (Only if referendum is available)

I understand that this application is made for an Official Vote by Mail 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 Vote by Mail ballot or ballots to be voted by me at any subsequent election.

\_\_\_\_\_  
 Voter's Initials

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Daytime / Cell Phone #: \_\_\_\_\_

**Mailing address for Vote by Mail Ballot (if different from Residence Address):**

\_\_\_\_\_  
 Number and Street Name

\_\_\_\_\_  
 City State Zip Code

I certify that I reside at the address specified above, in the stated precinct in St. Clair County, that I have lived at such address for 30 days or more preceding this election, and that I am lawfully entitled to vote in such precinct at said election to be held therein.

I hereby make application for an official ballot to be voted by me at such election, and I agree that I shall return such ballot to the election 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 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. NOTE: The applicant MUST sign below. No one may sign on applicant's behalf.

\_\_\_\_\_  
 Voter Signature

\_\_\_\_\_  
 Date