THOMAS HOLBROOK ST CLAIR COUNTY CLERK 10 PUBLIC SQUARE BELLEVILLE, IL 62220

For Office Use Only:				
App Number:	_			
Judge's Initials:				

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 elections@stclaircountyil.gov, fax 618-277-8783 or in person.

OPTION 1		OPTION 2		
APPLICATION VOTE BY MAIL BALLOT, THIS ELECTION ONLY		APPLICATION PERMANENT VOTE BY MAIL STATUS		
2024 GENERAL PRIMARY ELECTION (Circle one) DEMOCRAT REPUBLICAN		Voter's Initials	I am currently a registered voter and wis to apply for Permanent Vote by Mail Status	
		[] I wish to vote in all subsequent elections that DO NOT require a party designation OR:		
Voter's Initials	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.	 [] I wish to vote in ALL subsequent elections All I wish to receive the following ballot in elections requiring a party designation: [] Democratic [] Republican [] Non-Partisan (Only if referendum is available) 		
Applicant's	Name:	Date of Birth:		
Residence	Address:	City:	Zip:	
Email:		_		
Daytime / 0	Cell Phone #:			
Mailing add	dress for Vote by Mail Ballot (if different from Resid	lence Address):		
Number ar	nd Street Name			
City	State		Zip Code	
I certify that I redays or more pure learn such being returned by provisional ball Under penaltic	eside at the address specified above, in the stated precipreceding this election, and that I am lawfully entitled to ke application for an official ballot to be voted allot to the election official issuing the same prior to mail, postmarked no later than election day, follots, the last day of which is the 14th day following electes as provided by law pursuant to 10 ILCS 5/29-10, the correct. NOTE: The applicant MUST sign below. No one notes that I applied the state of	vote in such precinct at by me at such ele the closing of the or counting no lateration day. Indersigned certifies the counting of the closing and the counting in the closing and the closing are the counting and the closing are the closing and the closing are the closi	that I have lived at such address for 30 t said election to be held therein. lection, and I agree that I shall polls on the date of the election or, r than during the period for counting	
	Please use the enclosed postage paid	envelope to return	your application	
Voter Signature				

Date