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

CONSOLIDATED ELECTION - 04/07/2015

Name: _____

Residence Address: _____

Phone Number: _____

[X] **MAIL-IN ABSENTEE**

[ ] **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 absentee 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 preceding 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 absentee 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 absentee 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: _____

Dated _____, 20 _____

_____
(Signature of Applicant)

_____
(Name of Applicant - Please Print)

- NOTICE TO ABSENTEE VOTERS -

Any voter admitted to a hospital, nursing home or rehabilitation center not more than 14 days before an election shall be entitled to personal delivery of an absentee ballot subject to certain conditions. Unless you are a voter admitted to a hospital, nursing home or rehabilitation center not more than 14 days before an election, or a resident of a soldiers' and sailors' home, only you o your spouse, parent, child, brother or sister or a company licensed by Illinois as a motor carrier engaged in the business of making deliveries may, in person, deliver your voted ballot to the election authority.

TO THE VOTER: In signing the certification on the absentee ballot envelope, you are attesting that you personally marked this absentee 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, 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 THE VOTER: YOU HAVE BEEN SELECTED BY A VOTER TO PROVIDE VOTING ASSISTANCE. UNDER ILLINOIS LAW, ONLY VOTERS WHO ARE BLIND, PHYSICALLY DISABLED OR UNABLE TC 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.

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 4 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 WHICH THE VOTER INSTRUCTED YOU TO CAST BALLOTS.

Upon completion remove the application and mail to:

LINDA KELLERHALS
FORD COUNTY CLERK
200 W. STATE ST., RM. 101
PAXTON, IL. 60957