

APPLICATION FOR VOTE BY MAIL
ROCKFORD BOARD OF ELECTIONS, ILLINOIS

2026 GENERAL ELECTION – 11/03/2026

OFFICE USE ONLY		
ID	BALLOT STYLE	VOTER'S CONSECUTIVE #
DATE OF BIRTH	PRECINCT	JUDGE'S INITIALS

☐ **Single Election Vote by Mail Ballot**

I wish to vote by mail in this election ONLY. 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.

☐ **Permanent Vote by Mail Status**

Select One:

- ☐ I wish to vote by mail in all subsequent elections and wish to receive the party ballot indicated in all elections that require a party designation.
- or-*
- ☐ I wish to vote by mail in all subsequent elections that do not require a party designation.

PARTY DESIGNATION (primary election only)		
DEMOCRATIC	REPUBLICAN	NONPARTISAN

☐ **Opt-Out**

I wish to opt-out of the Application for Permanent Vote by Mail status and wish to be removed from receiving any future vote by mail notices required by Illinois Statute. (10 ILCS 5/19-2.5)

Voter Registration Address: _____ _____ _____	Address to which the ballot is to be mailed (if different from registration address) _____ _____ _____
---	--

I state that I reside at the address specified above, in Rockford, Illinois, that I have resided at such address for at least 30 days, that I am lawfully entitled to vote at the next regularly scheduled election. I hereby make application for an official ballot or ballots to be voted by me at such election, and I 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 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

PUT YOUR SIGNATURE OR MARK ON THE LINE BELOW:

SIGN HERE: _____ **DATE:** _____ **PHONE:** _____

Return your completed application by Fax, Email, or Mail.

ROCKFORD BOARD OF ELECTIONS, 301 SOUTH 6TH STREET, ROCKFORD, IL 61104

PHONE: (815) 987-5750

FAX: (815) 987-5757

EMAIL: info@voterockfordil.gov