



**Jodie L. Badman**  
 Christian County Clerk & Recorder

**APPLICATION FOR VOTE BY MAIL BALLOT**

State of Illinois, County of Christian

Applicant Name	
Registered Address (Apt #)	
City, State, Zip	
County	Christian
Email Address	
Election (Single Only)	
Election Date (Single)	

This application includes two options: a vote by mail application for a **single** election, or for **permanent** vote by mail status which applies to future elections unless cancelled by the voter. **Mark the checkbox that aligns with your desired application type.** Find more information about voting by going online to [christiancountyil.gov/elections](http://christiancountyil.gov/elections), calling (217) 824-4969 or email [elections@christiancountyil.com](mailto:elections@christiancountyil.com).

**You must return the completed and signed application, by mail or in person, to the Christian County Clerk's office to be processed.**

Address to which ballot should be mailed (only if different from above)

Number and Street/P.O. Box	Apt. No.	City	State	Zip Code
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**Option 1: Single Request for Vote By Mail Ballot - April 1, 2025 Consolidated Election**

I wish to have a vote by mail ballot sent for the April 1, 2025 Consolidated Election only. I understand that I will have to submit a vote by mail application for future elections.

**(Initial if selecting this option)** \_\_\_\_\_ 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 an subsequent election.

**Option 2: Apply for Permanent Vote by Mail Status**

**If you previously submitted a permanent vote by mail application, you do not need to submit another one.**

I wish to vote by vote by mail ballot all subsequent elections that do not require a party designation.

I wish to receive a by vote by mail ballot in all subsequent elections and wish to receive the party ballot indicated below in all elections that require a party designation. Please check appropriate box below:

Democratic                       Republican                       Libertarian

**All Voters Must Complete The Section Below:**

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 entitle to vote in such precinct at said election to be held therein, and that I wish to vote using the vote by mail ballot.

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 close 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.

**I confirm that I am a registered voter. Applications for non-registered voters will be rejected. Please check box, if applicable.**

Dated: _____, 20____
X _____ (Signature of Applicant)
_____ (Name of Applicant - Please print)

**Return this application to:**  
 Jodie L. Badman  
 Christian County Clerk  
 PO Box 647  
 Taylorville, IL 62568

RETURN ADDRESS

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PUT FIRST  
CLASS  
STAMP HERE

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MAIL TO:

Jodie Badman, Christian County Clerk  
PO Box 647  
Taylorville, IL 62568

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