

**REQUEST FOR ABSENTEE BALLOT**  
**Madison County, Illinois**

Dear Prospective Absentee Voter:

I am pleased to provide you with a form for an "Application for an Absentee Ballot". To request an absentee ballot, please complete the form below and mail it to the Madison County Clerk's Office at the address shown on the form. Upon receipt, we will mail you an official "Application for an Absentee Ballot" which must be completed, signed, and returned to this office.

If you have any questions, please contact the County Clerk's Office at (618) 692-6290 or e-mail us at [clallen@co.madison.il.us](mailto:clallen@co.madison.il.us)

Sincerely,



Mark Von Nida  
Madison County Clerk

**Mark Von Nida**  
Madison County Clerk  
157 N. Main St. Ste. 109  
P.O. Box 218  
Edwardsville, Illinois 62025

**REQUEST FOR  
ABSENTEE BALLOT**

MADISON COUNTY CLERK  
Phone (618) 692-6290

FOR ELECTION AUTHORITY USE ONLY

Request Received Date: \_\_\_\_\_  
Application Sent: \_\_\_\_\_  
Initials: \_\_\_\_\_

VOTER NAME: \_\_\_\_\_ Registration #: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_ PHONE#: \_\_\_\_\_

**APPLICATION SHOULD BE SENT TO THE FOLLOWING ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_

**REASON FOR REQUESTING ABSENTEE APPLICATION:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> OUT OF COUNTY                 | <input type="checkbox"/> INCAPACITATED  | <input type="checkbox"/> PERMANENTLY DISABLED  |
| <input type="checkbox"/> MILITARY                      | <input type="checkbox"/> MILITARY RELATIVE                                    | <input type="checkbox"/> NURSING HOME RESIDENT |
| <input type="checkbox"/> JUDGE OF ELECTION             | <input type="checkbox"/> STUDENT ___Freshman ___Sophomore ___Junior ___Senior |  |
| <input type="checkbox"/> OTHER (Please Specify): _____ |   |  |