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Instructions on Voter Registration in Chicago

Issued by the
Board of Election Commissioners
Room 308 — City Hall
Chicago, Illinois 60602
Telephone 269-7900



Instructions on Voter Registration

Registration is a process whereby a citizen of the State of Illinois becomes a voter. It is a record of voter qualifications and provides information for identifying the voter on election day.

As a volunteer deputy registrar for the Board of Election Commissioners, you are responsible for all registration supplies in your custody. These materials must be securely kept at all times and may not be transferred to another deputy registrar.

Table of Contents

Page

1	Registration and Identification Requirements
2-6	How to Complete a Registration
2	Form 276A— Completed by the applicant
3	Section 1— Complete for ALL registrations
4	Section 2— Complete for persons born outside the U.S.
5	Section 3— Complete for persons unable to sign name
5	Section 4— Complete for ALL registrations
6	Completed sample registration and receipt
7	Change of Name
7	Change of Address
8	Lost or Stolen Verification Cards
8	Important Reminders
9	Completing the Registration Audit Report
9	Returning the Registrations

This instruction handbook pertains to completing City of Chicago registration forms and to registering residents of the City of Chicago.

If any questions arise, call the Board at 269-7851.

Registration and Identification Requirements

In order to be eligible to register to vote, a person must:

- a. be a citizen of the United States on the day he or she registers;
- b. be 18 years old on or before the date of the next election;
- c. be a resident of the precinct at least 30 days on or before the date of the next election;
- d. present proper identification as explained below.

Two pieces of identification must be presented at the time of registration. Follow the guidelines below to determine if the identification is acceptable.

1. Both pieces of identification must contain the applicant's name.
2. One piece of identification must contain the current address from which the applicant is registering.
3. The two pieces of identification must be from two different sources, i.e. two different credit cards from two different companies; two bills from different utility companies such as a gas bill and an electric bill; a school identification card and a social security card, etc.
4. A letter delivered to the applicant through the U.S. postal system from a state, federal or city agency, a utility company, an employer or school, a credit company or a civic, union or professional association may be accepted as one of the pieces of identification.

5. Identification cannot be self-generated, as for example, a handwritten or typed wallet identification card.

6. Acceptable identification may include, but is not limited to:

- a. driver's license
- b. social security card
- c. utility bill
- d. employer or student identification card
- e. credit card
- f. civic, union, or professional association membership card
- g. birth certificate
- h. public assistance identification card
- i. library card

NOTE: A residence is a permanent abode, a place where a person actually lives. No one may register from a place of business or office, unless the person actually lives there and it is his or her permanent abode.

How to Complete a Registration

Remember, as a volunteer deputy registrar, it is your responsibility to complete the registration form in a legible manner. Your neighbor's right to vote depends on your accuracy.

There are three steps in the registration process. They are:

Step 1

Find out if the person needs to register and is qualified to register to vote.

Step 2

Ask the person to complete the pink preliminary form containing voter information and record the identification presented.

Step 3

Complete the registration form and return it to the Board of Election as directed.

Step 1

Find out if the person needs to register and is qualified.

Determine whether the person meets the requirements for voter registration and request identification as explained on the previous page.

Ask the applicant if he or she has ever registered in the City of Chicago. If so, find out if the person has had a name or address change within the City. Consult the table of contents for the location of change of name and change of address information.

Do not duplicate a current registration. If the voter has not moved or changed his or her name since last voting, the registration record should still be current. If the person has lost his or her verification card, consult the table of contents for the location of information on lost or stolen verification cards.

Step 2

Ask the applicant to complete form 276A and record the identification presented.

Have the applicant complete the pink form 276A.

All information must be provided. See completed sample below. This form will be attached to the completed registration form when you have finished.

A registration will not be processed without a completed pink form 276A.

Indicate your sponsor organization on the pink form on the line "Civic Organization".

Record the type of identification the applicant showed you on the bottom of the form 276A. If you do not indicate the type of identification presented, *the registration will not be processed.*

Step 3

Complete the official registration form 276.

PRINT, use black or blue ball point pen. DO NOT ALLOW THE APPLICANT TO FILL IN THIS FORM. Copy the information from the pink form 276A which the applicant completed.

Sample — Completed Form 276A

To be filled in
by APPLICANT

INFORMATION FOR VOTER REGISTRATION										Form 276A
Last Name		First Name		Middle Initial		Sr. Jr.		Telephone No.		
BOWES		SALLY		O.				555-2122		
House No.		Street Direction and Name				Apt. or Lot No.		Zip		
411		W. SURF ST.				2		60606		
Month	Day	Year	Place of Birth	State or Country			Sex	Social Security No.		
8	19	1957	ILLINOIS				M	135-33-5313		
Prior Registration:		Address				Name (If Changed)				
		1ST REGISTRATION								
If born outside of the United States provide:		Court		Date of Court		Date of Naturalization				
REGISTRAR: complete this section										
Type of Identification Displayed: (check appropriate boxes)										
Civic Membership Card		<input type="checkbox"/>		Professional Card		<input type="checkbox"/>		Utility Bill		<input type="checkbox"/>
Credit Card		<input type="checkbox"/>		Social Security Card		<input checked="" type="checkbox"/>		Other (Specify below)		<input type="checkbox"/>
Driver's License		<input checked="" type="checkbox"/>		Student I.D.		<input type="checkbox"/>				
Employee I.D.		<input type="checkbox"/>		Union Membership Card		<input type="checkbox"/>				
Check appropriate box if any information is missing:										
No Identification Given		<input type="checkbox"/>		Naturalization Information		<input type="checkbox"/>		Check box if Form No. 280		<input type="checkbox"/>
Social Security Number		<input type="checkbox"/>		(Give applicant Form 27)				(Change of Name) is attached		<input type="checkbox"/>
										Rev 11/86

To be filled in
by REGISTRAR

A. SECTION 1— Complete for ALL registrations— see sample below

NAME: Print the applicant's last name, first name and middle initial. A married women must give her own first name, not her husband's. If the applicant is a senior or junior, circle Sr. or Jr.

ADDRESS: Print the house number, street direction (N.—north, S.—south, E.—east, or W.—west), street name, apartment number or lot number and zip code.

DATE OF BIRTH: Indicate the exact month, day and year of birth. If the applicant refuses to give this information, the registration will not be processed. Use numbers to indicate the month, day and year.

PLACE OF BIRTH: Print the state of birth, or country, if the applicant is foreign born. Do not print U.S.A. or America if the applicant was born in the United States— print the state of birth. Proper state abbreviations may be used. Do not print the county— indicate the country, if foreign born.

SEX: Circle "M" for a male or "F" for a female applicant.

SOCIAL SECURITY NUMBER: Print the applicant's social security number, if available. If the applicant does not have a social security number, leave the section blank and continue with the rest of the registration.

PRIOR REGISTRATION: Indicate the address the applicant was registered from previously. If the applicant has never registered before, print "1st Registration."

NAME IF CHANGED: If the applicant has registered before under a different name, print the previous name.

PRECINCT/WARD: Leave these sections blank.

Sample— SECTION 1— Complete for ALL registrations

**REGISTRAR
Fill in Section 1**

Print Hard - Use Ballpoint Pen

Voter's Phone Number

○
○
○
○
○
○
○
○
○
○

682184 U																																				
1	PRINT Last Name SMITH		First Name JOHN		Middle Initial L.		Sr. Jr.	Precinct																												
Address - House No. 222		Street Direction and Name N. LASALLE ST.			Apt. or Lot No. 1		Zip 60601																													
Date of Birth 4 12 1932		Place of Birth IL		State or Country	Sex (M)	Social Security No. 123 45 6789			Ward																											
Prior Registration: Address 1ST REG.				Name (If Changed)																																
2	If born outside the United States, complete this section:				Citizenship	If Naturalized	Own Papers <input type="checkbox"/>	Parent's Papers <input type="checkbox"/>																												
	Born of U.S. Parent	Naturalized	Court	City	State	Date																														
3	If unable to sign name complete this section:				Father's First Name	Mother's First Name	Height	Color of Eyes	Reason for Inability to Sign Name																											
	Distinguishing Marks								Physical Disability <input type="checkbox"/>	Describe																										
4	STATE OF ILLINOIS, COUNTY OF COOK I hereby swear (or affirm) that I am a citizen of the United States; that on the date of the next election I shall have resided in the State of Illinois and in the election precinct in which I reside 30 days and that I intend that this location shall be my permanent residence; that I am fully qualified to vote, and that the above statements are true.																																			
	Subscribed and sworn to before me this _____ day of _____ 19 _____																																			
Signature of Registration Officer					Signature of Mark of Applicant for Registration																															
To Election Judges	For Primary mark	For Democratic	For Republican	As instructed	For a other elections mark V	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15

B. SECTION 2—Complete for persons born outside the U.S. only

An applicant born outside of the United States must provide naturalization information required in Section 2. This section is completed *only* if the applicant was born outside the United States. Persons born in Puerto Rico, Guam, or the Virgin Islands are citizens by birth and do not require additional proof of citizenship.

CITIZENSHIP: Indicate, with a cross mark (x), whether the applicant was born of U.S. parents or was naturalized.

IF NATURALIZED: Indicate, with a cross mark (x), whether the applicant has his or her own papers or derived citizenship under his or her parent's papers. The sections requesting court, city, state and date of naturalization must be completed.

SAMPLE—SECTION 2—Complete for persons born outside of the U.S. only

REGISTRAR
Fill in Section 2
(if required)


Print Hard - Use
Voter's Phone Number

682181 U																																	
1	PRINT Last Name	ZAMBELOS	First Name	MARIAN	Middle Initial	-	Sr Jr		Precinct																								
Address - House No		Street Direction and Name			Apt or Lot No		Zip																										
2220		S. CLARK ST.			1																												
Date of Birth	Month	Day	Year	Place of Birth	State or Country	Sex	Social Security No			Ward																							
1	4	1949		GREECE		M	332-22-3333																										
Prior Registration:		Address			Name (If Changed)																												
		1ST REG.																															
2	If born outside the United States, complete this section:				Citizenship		If Naturalized		Own Papers <input type="checkbox"/>		Parent's Papers <input type="checkbox"/>																						
					Born of U.S. Parent	Court		City		State		Date																					
						U.S. DIST		CHGO		IL		1-3-76																					
					Naturalized	<input checked="" type="checkbox"/>																											
3	If unable to sign name complete this section:				Father's First Name	Mother's First Name	Height	Color of Eyes	Reason for Inability to Sign Name																								
					Distinguishing Marks			Physical Disability <input type="checkbox"/>			Describe																						
								Unable to Write <input type="checkbox"/>																									
4	STATE OF ILLINOIS, COUNTY OF COOK I hereby swear (or affirm) that I am a citizen of the United States; that on the date of the next election I shall have resided in the State of Illinois and in the election precinct in which I reside 30 days and that I intend that this location shall be my permanent residence; that I am fully qualified to vote, and that the above statements are true.																																
Subscribed and sworn to before me this _____ day of _____ 19 _____																																	
Signature of Registration Officer							Signature or Mark of Applicant for Registration																										
To Election Judges:		Voting Record	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15
For Primary mark		Primary																															
D for Democrat		General																															
R for Republican or as requested		Non Partisan																															
For all other elect and mark V		Special																															

Do not refuse to register a naturalized citizen if he or she does not have specific citizenship information available at the time of registration. Complete the registration as much as possible and issue the applicant post card form 27— notice to complete registration. Print the applicant's name and address on the form and give to the applicant to finish and return to the Board.

SAMPLE — Incomplete citizenship information form 27

To be completed and returned by APPLICANT

CITIZENSHIP INFORMATION				Form 27
Instructions: Your recent registration as a voter was incomplete. At the time of your registration you were unable to provide your complete citizenship information. You must provide this information and the other data listed below or your registration will be voided.				
For use by Registration Officers:				
PRINT NAME ANN BENLINE			REGISTRATION NO. 10408051	
ADDRESS 1656 N. BELMONT AVE			DATE OF BIRTH MAY 131 1930	
Applicant complete below:				
Check the appropriate category: <input type="checkbox"/> Own Papers		<input type="checkbox"/> Parents' Papers		Citizenship: <input type="checkbox"/> Naturalized
				<input type="checkbox"/> Born of U.S. Parent
COURT	CITY	STATE	DATE / /	
PHONE NO.		Signature of Applicant		
 370				
Rv. 11/85		Mail this card immediately to Board of Election Commissioners to ensure your eligibility to vote.		

C. SECTION 3—Complete if applicant is unable to sign name only

If an applicant is unable to sign his or her name, SECTION 3 must be completed. If the applicant can sign his or her name, do not complete SECTION 3.

FATHER'S FIRST NAME } Obtain this information from any applicant who is unable to sign his or her name on the registration form.
 MOTHER'S FIRST NAME }
 HEIGHT }
 COLOR OF EYES }
 DISTINGUISHING MARKS }

REASON FOR INABILITY TO SIGN NAME:
 Indicate, with a cross mark (x), the reason the applicant cannot sign the form.

SAMPLE—SECTION 3—complete if applicant is unable to sign name only.

682184 U

1 PRINT Last Name SMITH First Name JOHN Middle Initial L. Sr. Jr. Precinct

Address - House No. 222 N. LASALLE ST. Street Direction and Name Apt. or Lot No. Zip

Date of Birth 4-12-1932 Place of Birth IL. Sex M F Social Security No. 123-45-6789 Ward

Prior Registration: Address _____ Name (if Changed) _____

2 If born outside the United States, complete this section:

Citizenship	Born of U.S. Parent		If Naturalized:		Own Papers <input type="checkbox"/>	Parent's Papers <input type="checkbox"/>	Date
			Court	City	State		- -
Naturalized							

3 If unable to sign name complete this section:

Father's First Name	Mother's First Name	Height	Color of Eyes	Reason for Inability to Sign Name
<u>JOHN</u>	<u>MARY</u>	<u>6'</u>	<u>BLUE</u>	Physical Disability <input checked="" type="checkbox"/> Describe <u>BLIND</u>
Distinguishing Marks		Unable to Write <input type="checkbox"/>		

4 STATE OF ILLINOIS, COUNTY OF COOK I hereby swear (or affirm) that I am a citizen of the United States; that on the date of the next election I shall have resided in the State of Illinois and in the election precinct in which I reside 30 days and that I intend that this location shall be my permanent residence; that I am fully qualified to vote, and that the above statements are true.

Subscribed and sworn to before me this _____ day of _____ 19 _____

Signature of Registration Officer _____ Signature or Mark of Applicant for Registration _____

To Election Judges: For Primary, mark P For Democrat, mark D For Republican, mark R or as instructed For all other elections, mark V	Voting Record	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	
	Primary																																
	General																																
	Non Partisan																																
Special																																	

Print Pen

Print H

Voter's Phone Number

REGISTRAR
Fill in Section 3
(if necessary)

D. SECTION 4 — Complete for ALL registrations

Administer the oath, which is required by law, to the applicant. This oath is located at the bottom of the registration form in section 4.

Enter the date of the registration and sign your name on the line provided for signature of the registration officer. Have the applicant sign his or her name, as it appears in SECTION 1, on the line provided for signature. If the applicant cannot sign, and SECTION 3 has been completed as explained above, have the applicant make his mark on the line.

SAMPLE — SECTION 4 — Complete for ALL registrations

682182 U

1 PRINT Last Name DEAN First Name MARY Middle Initial K Sr Jr Precinct

Address - House No 100 Street Direction and Name S. CLARK ST. Apt. or Lot No. 4 Zip 60660

Date of Birth Month 4 Day 12 Year 1920 Place of Birth AR. State or Country Sex M Social Security No. 241-11-3411 Ward

Prior Registration: Address 1ST REG. Name (If Changed)

2 If born outside the United States, complete this section:

Citizenship	If Naturalized	Own Papers <input type="checkbox"/>	Parent's Papers <input type="checkbox"/>
Born of U.S. Parent	Court	City	State
Naturalized			Date

3 If unable to sign name complete this section:

Father's First Name	Mother's First Name	Height	Color of Eyes	Reason for Inability to Sign Name
Distinguishing Marks				Physical Disability <input type="checkbox"/> Describe
				Unable to Write <input type="checkbox"/>

4 STATE OF ILLINOIS, COUNTY OF COOK I hereby swear (or affirm) that I am a citizen of the United States; that on the date of the next election I shall have resided in the State of Illinois and in the election precinct in which I reside 30 days and that I intend that this location shall be my permanent residence; that I am fully qualified to vote, and that the above statements are true.

Subscribed and sworn to before me this 10th day of July 19 86

Constance A. Kaplan Signature of Registration Officer

Mary K. Dean Signature of Mark of Applicant for Registration

To Election Judges	Voting Record	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	
For Primary mark	Primary																																
D for Democrat	General																																
R for Repub. can or as restricted	Non-Partisan																																
For a other elections, mark V	Special																																

Ballpoint Pen

Voter's Phone Number

REGISTRAR
 Fill in Section 4

Attach the pink form 276A, completed by the applicant, to the back of the finished registration form. Registrations will not be accepted without the completed pink form.

Remove the green tissue receipt from between the copies of the registration form. Give the green receipt to the applicant. A registration is not complete, however, until the person has received a verification card from the Board.

Issue the applicant a "Notice" form 277 for his or her information.



Print Hard - Use Ballpoint Pen

Printer's Phone Number: 555-2122

682185U

1 PRINT Last Name **BOWES** First Name **SALLY** Middle Initial **0** Sr. _____ Jr. _____ Precinct _____
 Address - House No. **411** Street Direction and Name **W. SURF ST.** Apt. or Lot No. **2** Zip **60606**
 Date of Birth **8 - 19 - 1957** Place of Birth **IL.** Sex **M** Social Security No. **135 - 33 - 5313** Ward _____
 Prior Registration: Address **1ST REG.** Name (If Changed) _____

2 If born outside the United States, complete this section:
 Citizenship _____ If Naturalized: Court _____ Own Papers Parent's Papers
 Born of U.S. Parent _____ City _____ State _____ Date _____
 Naturalized _____

3 If unable to sign name complete this section:
 Father's First Name _____ Mother's First Name _____ Height _____ Color of Eyes _____ Reason for Inability to Sign Name _____
 Physical Disability Describe _____
 Distinguishing Marks _____ Unable to Write

4 STATE OF ILLINOIS, COUNTY OF COOK I hereby swear (or affirm) that I am a citizen of the United States; that on the date of the next election I shall have resided in the State of Illinois and in the election precinct in which I reside 30 days and that I intend that this location shall be my permanent residence; that I am fully qualified to vote, and that the above statements are true.
 Subscribed and sworn to before me this 10th day of July 19 86
 Signature of Registrar Agnes J. Mohr Signature of Mark of Applicant for Registration Sally O. Bowes

To Election Judges:	Voting Record	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15
For Primary, mark D for Democrat R for Republican or as instructed For all other elections, mark V	Primary																															
	General																															
	Non Partisan																															
	Special																															

682185U

1 PRINT Last Name **BOWES** First Name **SALLY** Middle Initial **0** Sr. _____ Jr. _____ Precinct _____
 Address - House No. **411** Street Direction and Name **W. SURF ST.** Apt. or Lot No. **2** Zip **60606**
 Date of Birth **8 - 19 - 1957** Place of Birth **IL.** Sex **M** Social Security No. **135 - 33 - 5313** Ward _____
 Prior Registration: Address _____ Name (If Changed) _____

2 If born outside the United States, complete this section:
 Citizenship _____ If Naturalized: Court _____ Own Papers Parent's Papers
 Born of U.S. Parent _____ City _____ State _____ Date _____
 Naturalized _____

3 If unable to sign name complete this section:
 Father's First Name _____ Mother's First Name _____ Height _____ Color of Eyes _____ Reason for Inability to Sign Name _____
 Physical Disability Describe _____
 Distinguishing Marks _____ Unable to Write

4 STATE OF ILLINOIS, COUNTY OF COOK I hereby swear (or affirm) that I am a citizen of the United States; that on the date of the next election I shall have resided in the State of Illinois and in the election precinct in which I reside 30 days and that I intend that this location shall be my permanent residence; that I am fully qualified to vote, and that the above statements are true.
 Subscribed and sworn to before me this 10th day of July 19 86
 Signature of Registrar Agnes J. Mohr Signature of Mark of Applicant for Registration Sally O. Bowes

To Election Judges:	Voting Record	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15
For Primary, mark D for Democrat R for Republican or as instructed For all other elections, mark V	Primary																															
	General																															
	Non Partisan																															
	Special																															



Change of Name

If the applicant was previously registered within Chicago and has had a change of name, the former registration must be cancelled and a new registration, under the new name, must be taken. The applicant must complete form 280 and must also re-register under the new name. Indicate the previous name if changed in Section 1 on the new registration and attach form 280 to the new registration.

Change of Address

If a previously registered voter in Chicago has changed his or her address, the person should re-register. If the applicant submits a change of address card, simply attach the card to the completed new registration. Do not accept any change of address cards unless the person also completes a new registration. In this manner, the voter will be saved the inconvenience of a second

SAMPLE — Cancellation of former registration

To be filled in
by APPLICANT

280

Authorization For Cancellation of Registration Under Former Name

BOARD OF ELECTION COMMISSIONERS OF CHICAGO

REGISTRATION OFFICER: This form must be filled out for every person who has changed name to cancel the previous registration under the former name. YOU MUST RE-REGISTER THE PERSON UNDER THE NEW NAME AND ENTER THE NEW REGISTRATION NUMBER OF THE VOTER IN THE SPACE PROVIDED BELOW.

I hereby authorize the cancellation of my previous registration under the name of

Dorothy Jones

Former address
(if applicable)

129 N. First St.

I am re-registering under the name of

Dorothy Roberts

Present address

140 W. Second Avenue

NEW REGISTRATION NO. 223805L

ATTACH THIS FORM TO THE NEW REGISTRATION FORM AND RETURN TO THE BOARD OF ELECTION COMMISSIONERS IN ENVELOPE 276E.

RV.

To be filled in
by APPLICANT

279

AUTHORIZATION FOR CANCELLATION OF REGISTRATION WITHIN THE STATE OF ILLINOIS

REGISTRATION OFFICER: If the applicant for registration has been registered in another jurisdiction within Illinois, this form must be completed authorizing cancellation of the former registration. This form shall not be used when a voter transfers his registration from another election jurisdiction in Illinois by a triplicate card.

I, AGNES CLOVE

(Print Name)

am now registered as a voter within the jurisdiction of the Board of Election Commissioners of Chicago, and hereby authorize the cancellation of my previous registration in the municipality of ELGIN

County of KANE, State of Illinois, my last registration address therein being

1258 S. HIGH ST.

Signature Agnes Clove

Present Address 1030 E. MAY ST.
CHICAGO, IL

ATTACH THIS FORM TO THE NEW REGISTRATION FORM AND RETURN TO THE BOARD OF ELECTION COMMISSIONERS IN ENVELOPE 276E.

RV. 279

BOARD OF ELECTION COMMISSIONERS OF CHICAGO

Important Reminders:

trip to register, if the former registration at the old address is no longer valid.

Persons may attempt to submit a change of address card for a spouse, friend or acquaintance. Do not accept change of address cards for these persons, since it is impossible for you to verify whether the former registration is still valid.

Reregister any person who has had a change of address and be certain to record the prior address where registered in Section 1 on the registration form. Attach the change of address or old verification card to the new registration.

If the applicant has been registered from another address in Illinois, outside of Chicago, complete form 279, which authorizes the cancellation of the previous registration. Do not use this form if the applicant was registered in another state, or was registered in Chicago and is simply re-registering. Attach form 279 to the completed registration.

Members of Religious Orders

If the applicant is a member of a religious order, enter the civil last name, omit the applicant's first name, and enter the name acquired in the religious order and any other name adopted. Complete the remainder of the registration as required.

Lost or Stolen Verification Cards

If a registered voter requests a new verification card, do not take a new registration unless the applicant has moved or had a name change. If the card has been lost or stolen, the person must contact the Board of Election Commissioners directly.

Requests for new verification cards (i.d. cards) should be sent to the Board of Election Commissioners, Room 308, City Hall, Chicago, IL 60602. The request must include name, address, and signature, as registered, of the person requesting the replacement card.

1. Only those persons who are qualified may register to vote. These instructions and forms are for registering residents of the City of Chicago only, not suburban Cook County.

2. Identification is required and must be recorded on the bottom of form 276A by the deputy registrar.

3. A pink form 276A must be completed by the applicant and must be attached to the back of the registration when finished.

4. The official registration form must be completed by the deputy registrar, *not the applicant*.

5. The official registration form must be dated and signed on the day it is completed.

6. All registrations must be *PRINTED* in a legible manner.

7. Do not scratch out or attempt to erase on the form. If an error is made, mark the form "VOID" and begin on a new form.

8. Do not print any information in the margin areas of the registration form.

Completing the Registration Audit Report

A registration audit report, listing all used registrations, must be completed by the deputy registrar. Each registration must be listed on the audit report by serial number and in numerical order. A Board employee will verify each name and address listed from the individual registration and sign the report. Voided or spoiled registrations must also be listed on the audit form.

A copy of the audit report will be given to the deputy registrar as a record of the registrations returned. However, no registration will be complete until the registration is processed and a verification card is received by the applicant. If, for any reason, a registration cannot be processed by the Board, a notation will be made on the original audit report kept by the Board. Registrations will not be accepted without a completed audit form.

SAMPLE — Registration Audit Report

**To be filled in
by REGISTRAR**

FORM 301 Rev 6-86

REGISTRATION AUDIT REPORT

Instructions to Deputy Registrars:
Print the registration number and complete name and address of each person you register to vote. List the names and addresses of these registrations in numerical order by the serial number on the registration card.

OFFICE USE ONLY FORM	
DATE	SCREENED BY
VOLUNTEER CODE	NO OF REGISTRATIONS

Registration Number	Complete Name of Registrant	Address of Registrant	Office Use Only
1. 682181U	MARION ZAMBELOS	2220 S. CLARK ST.	
2. 682182U	MARY K. DEAN	100 S. CLARK ST.	
3. 682183U	VOID VOID	VOID	
4. 682184U	JOHN L. SMITH	222 N. LASALLE ST.	
5. 682185U	SALLY O. BOWES	441 W. SURF ST.	
6.			
7.			
8.			

Please Print:
I, MARY C. JONES, residing at 230 STATE STREET, a volunteer deputy registrar representing CBEC Civic or Labor Organization, certify that I personally registered the persons listed above to vote and that I correctly listed their residence addresses; in accordance with the law and Board Rules.

Connie Kaplan
Signature of Board Employee
Date 7/16/86

Mary C. Jones Date 7/15/86
Signature of Deputy Registrar

Complete if registrations are returned by organization coordinator:

Organization Coordinator
Date _____

Returning Completed Registrations

All completed registrations must be returned to the Board by the volunteer deputy registrar or registration coordinator within 7 days of the completion of the registration. Completed registrations will be accepted in the Board office Monday thru Friday—9 a.m. to 4:30 p.m. and Saturday 9 a.m. to 11:30 a.m. The Board is located in City Hall, 121 N. LaSalle St. Room 308. Special return arrangements may be set by the Board upon request.

Verification of Registration Cards

The applicant will receive a verification of registration card within four weeks of the date the registration is returned by the deputy registrar. If the applicant does not receive a card within this time period, the person should call the Board at 269-7936.