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"Common Questions"

**BALLOT CODE**  
N/A

**CERTIFICATION ENVELOPE  
VOTE BY MAIL VOTER'S BALLOT**

VOTER: SEAL BALLOT IN THIS ENVELOPE  
TO BE OPENED ONLY BY  
AUTHORIZED ELECTION OFFICIALS

**CERTIFICATION**

I, **VOTER'S NAME**, state that I am a  
resident of Precinct Number **N/A** of the (1) Township of  
**N/A**, (2) City of **N/A**, or  
(3) **N/A** Ward in the City of **N/A**  
residing at **VOTER'S RESIDENT ADDRESS**  
(street address)

in such city or town in the County of **KENDALL**  
and State of Illinois; that I have lived at such address for \_\_\_\_\_ month(s)  
last past; and that I am lawfully entitled to vote in such precinct at the  
**GENERAL** Election to be held on **11/3/2020**  
(insert month/day/year)

\* fill in either (1), (2) or (3)

I am affiliated with the **N/A** Party.  
(complete for primary only)

I further state that I personally marked the enclosed ballot in secret.  
If you received assistance in casting your ballot due to physical  
incapacity, complete this section:

I marked the enclosed ballot in secret with the assistance of:

If you received assistance filling out your ballot, fill this in.  
(Individual Rendering Assistance)

Name of person rendering assistance on line above, address on this line.  
(Address)

Under penalties of perjury as provided by law pursuant to 10 ILCS 5/29-10,  
the undersigned certifies that the statements set forth in this certification are  
true and correct.

DATED: **MONTH, DAY, YEAR**  
(insert month, day, year)

**SIGNATURE OF VOTER**

(Signature of Applicant)

RETURN TO THE ELECTION AUTHORITY PRIOR TO THE CLOSING OF THE POLLS

You **MUST SIGN** and **SEAL** this certification  
envelope!!!! Place this envelope inside the envelope you  
would normally mail the ballot back in. When finished  
drop this in the **DROP BOX OUTSIDE** on the north side  
of this building. **NO POSTAGE** required to drop it in the  
**DROP BOX OUTSIDE.**

This is the back of the envelope you mail your ballot back in.

If you are mailing your ballot back, this **DOES NOT** need to be filled out.

If you are delivering your own ballot, this **DOES NOT** need to be filled out.

If you are having someone else deliver your ballot, this **NEEDS TO BE FILLED OUT.**

### VOTE BY MAIL BALLOT AUTHORIZATION FORM

I, Voter's Name (VOTER'S NAME) authorize Name of Person authorized to deliver ballot.  
(PERSON AUTHORIZED TO DELIVER BALLOT) to take the necessary steps to have this ballot delivered promptly to the office of the Kendall County Clerk.

Date Signature of the voter.  
Date Signature of Voter

Printed Name of Person Authorized to Deliver Ballot  
PRINTED NAME OF PERSON AUTHORIZED TO DELIVER BALLOT

Signature of Person Authorized to Deliver Ballot  
SIGNATURE OF PERSON AUTHORIZED TO DELIVER BALLOT

Date delivered to the Kendall County Clerk  
Date Delivered to the Kendall County Clerk