



CERTIFICATION OF BALLOT

Directions for filling out this form: This is a PDF fillable form; please use the fillable method and either save it to your computer and email it to us, or you may print the form and use regular mail for submission. If you email the form please type in your name on the signature line below, if sending via regular mail please sign your name on the line.

Email to: elections@dekalbcounty.org

Subject Line: Certification of Ballot

Do not complete by handwriting the entries, we need complete clarity for proper production of the ballot. Make sure you list the Candidate's name in the order that they are to appear on the ballot and double check the spelling of the entries before you submit the form.

If you need help, or have any questions please call the office at 815-895-7147.

To: DeKalb County Clerk, Election Authority

From: _____
Unit of Government

Date: _____

Mailing Address: _____

Contact Name: _____

Title: _____

Contact Telephone #: _____

Email Address: _____

Please send ballot proof to: _____
Please provide email or fax #

I, the undersigned Local Election Official in and for the _____,
(Unit of Government)

do hereby state that this CERTIFICATION OF BALLOT, consisting of _____ page(s), is a true and correct listing of all offices and candidates, in the order that they should appear on the ballot. I further certify the names to be spelled as they were presented on the Statement of Candidacy. Said ballot to be voted upon at the Consolidated Election to be held on _____, 20____.

Signature

I prefer to pick up the Certified Results from the Clerk's Office.

I prefer to have the Certified Results emailed to me.

I prefer to have the Certified Results mailed to me.



OFFICE OF THE CLERK AND RECORDER
DEKALB COUNTY, ILLINOIS

Douglas J. Johnson
Clerk & Recorder

110 East Sycamore Street
Sycamore, Illinois 60178

815.895.7147 | office
815.895.7148 | facsimile
<http://dekalb.il.clerkservice.com>

Check One: **Independent** **Nonpartisan**

OFFICE: _____ **District or Ward** _____

Term of Office _____ **Number to be voted for** _____

Candidates:

1. _____ **Address:** _____
2. _____ **Address:** _____
3. _____ **Address:** _____
4. _____ **Address:** _____
5. _____ **Address:** _____

OFFICE: _____ **District or Ward** _____

Term of Office _____ **Number to be voted for** _____

Candidates:

1. _____ **Address:** _____
2. _____ **Address:** _____
3. _____ **Address:** _____
4. _____ **Address:** _____
5. _____ **Address:** _____



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Term of Office _____ **Number to be voted for** _____

Candidates:

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