

**CERTIFICATION OF BALLOT**  
(Party Candidates)

**Local election official must certify to each election authority (county clerk or board of election commissioners) who prepares ballots for the political subdivision**

TO: \_\_\_\_\_, Election Authority

FROM: \_\_\_\_\_, Local Election Official in and for

\_\_\_\_\_  
(Political Division)

in the County of \_\_\_\_\_ and State of Illinois.

I, the undersigned Local Election Official in and for the political division aforesaid, 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 are to appear on the ballot, to be voted on at the \_\_\_\_\_ Election to be held on the \_\_\_\_\_.  
(insert month, day, year)

Dated: \_\_\_\_\_  
(insert month, day, year)

(SEAL)

\_\_\_\_\_  
(Local Election Official)

Office \_\_\_\_\_ District or Ward \_\_\_\_\_

Term of Office \_\_\_\_\_

Number to be voted for \_\_\_\_\_

PARTY : \_\_\_\_\_ PARTY: \_\_\_\_\_

Candidates: Candidates:

1. \_\_\_\_\_ 1. \_\_\_\_\_

2. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 5. \_\_\_\_\_

USE ADDITIONAL SHEETS AS NECESSARY AND ATTACH TO THIS SHEET

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Office \_\_\_\_\_ District or Ward \_\_\_\_\_

Term of Office \_\_\_\_\_

Number to be voted for \_\_\_\_\_

PARTY: \_\_\_\_\_ PARTY: \_\_\_\_\_

Candidates: Candidates:

1. \_\_\_\_\_ 1. \_\_\_\_\_

2. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 5. \_\_\_\_\_

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Office \_\_\_\_\_ District or Ward \_\_\_\_\_

Term of Office \_\_\_\_\_

Number to be voted for \_\_\_\_\_

PARTY: \_\_\_\_\_ PARTY: \_\_\_\_\_

Candidates: Candidates:

1. \_\_\_\_\_ 1. \_\_\_\_\_

2. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 5. \_\_\_\_\_

Additional sheets for candidates for \_\_\_\_\_ political division.

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Office _____	District or Ward _____
Term of Office _____	
Number to be voted for _____	
PARTY: _____	PARTY: _____
Candidates:	Candidates:
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____

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Office _____	District or Ward _____
Term of Office _____	
Number to be voted for _____	
PARTY: _____	PARTY: _____
Candidates:	Candidates:
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____