10 ILCS 5/7-13.1, 7-60

CERTIFICATION OF BALLOT

(Please **TYPE ALL** information)

Revised 11-2020
Suggested
CM-12

STATE OF ILLINOIS)
) SS.
County of _____)

I, the undersigned Local Election Official in and for the Unit of Government aforesaid, do hereby state that this Certification of Ballot is a true and correct listing of all Offices, Parties, and Candidates in the order that they are to appear on the ballot (after conducting simultaneous filing lottery and Party Placement Lottery, if necessary), to be voted at the _____.

TO: (Election Authority)	Contact's Phone Number
DuPage County Clerk Election Division	
FROM: (Local Election Official)	**Contact's Fax Number**
FOR: (Unit of Government)	**Contact's Email Address**
SIGNATURE - Local Election Official	**Today's Date**

BALLOT PLACEMENT	CANDIDATE'S NAME	CANDIDATE'S ADDRESS (Street Address, City/Village, Zip Code and County if not DuPage)	TITLE OF OFFICE	DISTRICT/WARD (Municipal Only)	TERM OF OFFICE	NUMBER TO BE VOTED FOR	PARTY NAME (If Applicable)

Submit by Email Print Form