



Application for a Ballot by Mail

If someone helps you complete this form or mails, emails or faxes this form for you, that person must complete the Witness/Assistant Box 6 below. If you email or fax this form to the Early Voting Clerk, you must also send the original hardcopy to the Early Voting Clerk. If you are faxing or emailing this form on or near the deadline to apply for a Ballot by Mail, you must send the original hardcopy so that the Clerk receives it no later than the fourth business day after the day the Clerk received your email or fax. Original signatures are required on both the fax or email image and the physical hard copy. Electronic signatures are not permitted. THE HARDCOPY OF THIS APPLICATION MUST BE RECEIVED BY THE EARLY VOTING CLERK AND MEET ALL LEGALLY REQUIRED DEADLINES. Please read the instructions on the back of this form completely. If you have any questions, please call the Early Voting Clerk in your county of registration or the office of the Texas Secretary of State at 1-800-252-8683 or log on to www.sos.texas.gov for a list of County Early Voting Clerks and their email and physical addresses.

Voter Information: Please print all information clearly and legibly	0	YOU MUST PROVIDE ONE of the			
Name: Last, First, Middle Residence Address as shown on your Voter Registration Certificate	Suffix (Jr., Sr.)	Texas Driver's License, Texas Persons or Election Identification Certificate Department of Public Safety (NOT yo	Number issued by the		
Address: Street Apt. # (if any) City	State Zip Code	If you do not have a Texas Driver's Li Identification Number or a Texas Ele Number, give the last 4 digits of your	ction Identification Certificate		
Optional Information: Providing this information is helpful to the Early Voting Clerk, but not red Date of Birth:// VUID #:	•	☐ I have not been issued a Texas Dr Identification Number/Texas Electio			
Email: Tel.#:		Social Security Number	macritimeation certificate of		
My Residence Address (as listed on my Voter Registration Certificate) Other Address - You may use the Other Address line only if the other address fits one of the categories.	es below.				
Address Apt. # (if ar My Other Address is: (Check one) The mailing address listed on my Voter Registration Certificate Address Outside the County (voters absent from the county) Hospital, Nursing Home, Long-Term Care Facility, Retirement or Assisted Living Center or a Relati		State	Zip Code (Indicate Relationship)		
Address of the Jail/Civil Commitment Facility or a Relative			(Indicate Relationship)		
Disability (as defined in Texas Election Code 82.002(a), see instructions on reverse) By checking this box, "I affirm that I have a sickness or physical condition that prevents me from appearing at the polling place on Election Day without a likelihood of needing personal assistance or of injuring my health." Expected to give birth within three weeks before or after Election Day Expected Absence from the County (You may apply for a ballot for one election and its resulting runoff, if your dates of absence from the county include both elections) Date you can begin to receive mail at your out of county address:/					
4. Send me a Ballot for the Following Elections:					
□ Annual Application Send me a ballot for all Elections in this voting year (January – December) Annual Applications only available for voters 65 and older and voters with disabilities. You must select a party if you wish to vote in a primary. Select only one party's primary and its resulting runoff. Primary Election (even numbered years only) □ Democratic Primary □ Any Resulting Runoff □ Republican Primary □ Any Resulting Runoff □ Do Not Send me a Primary Ballot	OR Primary Election (eve	n ☐ May Election (not a primary rund off ☐ Other Special Election:(Name or n numbered years only) ry ☐ Any Resulting Runoff y ☐ Any Resulting Runoff tt from the county or confined in jail/civilly	Date of Special Election, if known)		
5. Sign Here:	Sile dissilation and the	salem g ramom)			
"I certify that the information given in this application is true, and I understand that giving false information in this application is a crime." Date:					
Assistant – If you assisted the applicant in completing this application in the applicant's presence or mailed/emailed/faxed the application on behalf of the applicant. Failure to complete this section is a Class A Misdemeanor if applicant's signature was witnessed or applicant was assisted in completing this application.					
X Signature of Witness/Assistant	Printed Name of Witness/Assist	ant			
Street Address Apt. # (if an	y) City	State	Zip Code		

Este formulario está disponible en Español. Para conseguir la versión en Español favor llamar sin cargo al 1-800-252-8683 a la oficina del Secretario de Estado o la Secretaria de Votación Adelantada.









BOX 1:

- Name: Please give your full name as it was provided to the Voter Registrar and include any suffixed like Jr., Sr., or III
- Date of Birth: Not a requirement but it is helpful to determine identity when voters have commor
- Address: Give your full residence address as shown on your Voter Registration Certificate
- VUID and Precinct Number: If you know your VUID and/or Precinct number, you may provide it but it is not a requirement
- Phone Number and Email Address: Providing your telephone number and email is not required but is extremely helpful to the Early Voting Clerk to clarify any information on this application.
- Required Personal Information: You MUST provide one of the following numbers: Texas Driver's License Number, Texas Personal Identification Number or Election Identification Certificate Number (NOT your VUID#). If you do not have one of the above mentioned numbers, you must provide the last 4 digits of your Social Security Number. If you have not been issued any of the required numbers, check the box that says that you have not been issued one of the required numbers. If you have been issued one of the required numbers, but it is not associated with your voter registration record, please contact your local registrar to inquire about how to add one of the required numbers to your voter registration record.

our ballot must be mailed to the address where you are registered to vote or the mailing address lister on your Voter Registration Certificate. **There are some exceptions that allow you to have your ballot** mailed to a different location.

- If you are voting by mail because you are 65 or have a disability Your ballot can be mailed to a hospital, nursing home, long-term care facility, retirement or assisted living facility or a relative.
- If you are absent from the county Your ballot must be mailed to an address outside the county.
- If you are confined in jail or involuntarily civilly committed Your ballot can be mailed to the address of the iail/commitment facility or a close relative

he State of Texas requires that you provide a reason for voting by mail. Place a checkmark in the boت that best describes your reason for voting by mail.

- If you choose **65 Years of Age or Older**, you must turn 65 no later than Election Day.
- If you choose Disability, your disability must meet the definition of a disability as described in Section 82.002(a) of the Texas Election Code.
- If you choose **Confinement for Childbirth**, you expect to give birth within three weeks before or afte Election Day.
- If you choose **Expected Absence from the County**, you must expect to be absent from the county or Election Day and during the hours of early voting by personal appearance or the remainder of the early voting period after you submit your application. The ballot must be mailed to an address outside the county and you must provide the dates that you will be absent from the county.
- If you choose Confined in Jail/Involuntary Civil Commitment under Chapter 841 of the Health and Safety Code, you must be legally eligible for Early Voting by Mail. At the time your early voting ballot application is submitted, you are either (1) confined in jail serving a misdemeanor sentence for a term that ends on or after Election Day; (2) pending trial after denial of bail; (3) without bail pending an appeal of a felony conviction; (4) pending trial or appeal on a bailable offense for which release on bail before Election Day is unlikely or (5) you are involuntarily civilly committed.

Please select the election(s) for which you are applying. **Annual Application** – Only voters who are 65 or older or who have a disability are eligible to apply for an Annual ballot by mail. An Annual ballot by mail will provide you with a ballot for all the elections

BOX 4 (CONTINUED)

in a calendar year for which you are eligible. Your Annual Application may be forwarded to other entities holding elections in which you are eligible to vote. This means that you may receive a ballot for those other elections in addition to the ballot you requested with this application If you do not select any elections in Box 4, your application will be considered an Annual Application if your reason for voting by mail was 65 Years of Age or Older or Disability.

BOX 5:

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Sign and date your application. If you are unable to sign because of a physical disability or illiteracy, the application may be signed for you by a witness. The witness must be in the

- Witness The witness must place a checkmark in the Witness Box indicating you were unable to make your mark. The witness must state his or her relationship to you. If the witness is not a relative, the witness must state that on the line provided. The witness must sign and provide his or her printed name and residence address. It is a Class B Misdemeanor to act as a witness for more than one application in each election or act as a witness for more than one Annual ballot by mail application in a calendar year.
- Assistant If a person (other than a close relative or person registered to vote at the same address) assists you in completing this application; or mails, faxes or emails this application on your behalf, the assistant must complete Box 6. The assistant must sign and provide his or her printed name and residence address. An assistant commits a Class A Misdemeanor if he or she provides assistance without providing the information required in Box 6

DEADLINE TO APPLY:

Your application must be received by the Early Voting Clerk not later than the 11th day before Election Day. If the deadline falls on a weekend or holiday the deadline moves to the first preceding business day. An application may be submitted anytime in the calendar year but not later than the 11th day for the election in which you wish to vote. **Annual Applications** If you submit an Annual Application (only available for voters 65 and older and voters with disabilities), within 60 days of an election that takes place in the following calendar year, your application will be valid for all elections in the following calendar year. This 60 day rule applies only to Annual Applications and only when there is an election within 60 days of the date the Annual Application was received by the Early Voting Clerk in the preceding year

SUBMITTING THE APPLICATION:

The application must be submitted by one of the following method:

- In-Person Only the applicant may submit his or her own application to the Early Voting Clerk
- By Mail - The application may be submitted via the U.S. Postal Service.
- Common or Contract Carrier The application may be submitted via a bona fide, for profit carrier
- Fax Transmission Please contact your Early Voting Clerk or the Secretary of State for fax numbers
- By email The application may be submitted via email. Please contact your Early Voting Clerk or the Secretary of State for email addresses.

The fax or email must reach the Early Voting Clerk's office no later than the close of regular business or 12:00 noon, whichever is later on the 11th day before Election Day.

IF YOU FAX OR EMAIL THE APPLICATION YOU MUST ALSO PHYSICALLY SEND THE ORIGINAL TO THE EARLY VOTING CLERK SO THAT IT IS RECEIVED NO LATER THAN THE FOURTH BUSINESS DAY AFTER IT WAS RECEIVED BY FAX OR EMAIL.

FROM:	

AFFIX FIRST CLASS **POSTAGE**



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TO: FARIY VOTING CLERK