



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 Clerk and their email and physical addresses.

1. Voter Information: Please print all information clearly and legibly			YOU MUST PROVIDE ONE of the fo	llowing numbers
Name:	ldle	Suffix (Jr., Sr.)	Texas Driver's License, Texas Personal or Election Identification Certificate N Department of Public Safety (NOT you	umber issued by the
Residence Address as shown on your Voter Registration Certificate		.,,	2 Separation of Fabric Surety (1901 you	. Total registration voidπ)
:		If you do not have a Texas Driver's License, Texas Personal		
Apt. # (if any) City Optional Information: Providing this information is helpful to the Early Voting Clerk, but n	Stat	e Zip Code	Identification Number or a Texas Elect Number, give the last 4 digits of your S	ion Identification Certificate locial Security Number
Optional information: Providing this information is helpful to the Early Voting Cierk, but h	iot required.			
Date of Birth:/	Pct #:		☐ I have not been issued a Texas Driver's License/Texas Personal Identification Number/Texas Election Identification Certificate or	
Email: Tel.#:			Social Security Number	
2. Mail my Ballot to:				
☐ 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 cat	egories below			
·	# (if any)	City	State	Zip Code
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	Relative			(Indicate Relationship
Address of the Jail/Civil Commitment Facility or a Relative				(Indicate Relationship
				(Indicate relationship
3. Reason For Voting by Mail: G5 Years of Age or Older				
_	- 4l-:- l (f) -4	C + + -	and the size of the state of th	
Disability (as defined in Texas Election Code 82.002(a), see instructions on reverse) By checking		nrm that I have a sickness	or physical condition that prevents me iro	m appearing at the poiling
place on Election Day without a likelihood of needing personal assistance or of injuring my hea	iitri.			
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	ig runoff, if yo	ır dates of absence from t	he county include both elections)	
Date you can begin to receive mail at your out of county address:/	/	Date of return	to residence address: /	/
Confined in Jail or Involuntary Civil Commitment (You may only apply for a ballot for one election	on and any re	ulting runoff)		
. Send me a Ballot for the Following Elections:				
Annual Application		Uniform Election Date	s	
Send me a ballot for all Elections in this voting year (January – December) Annual Applications	;	☐ November Election	☐ May Election (not a primary runoff)
only available for voters 65 and older and voters with disabilities. You must select a party if you	.	☐ Any Resulting Runo	ff Other Special Election:	ate of Special Election, if known
wish to vote in a primary. Select only one party's primary and its resulting runoff.	OR	Primary Election (ever		ate of Special Election, if known
Primary Election (even numbered years only)	0.0		✓ ☐ Any Resulting Runoff	
□ Democratic Primary □ Any Resulting Runoff		☐ Republican Primary	Any Resulting Runoff	
☐ Republican Primary ☐ Any Resulting Runoff		(Voters who are absent	from the county or confined in jail/civilly of	committed may only apply fo
☐ Do Not Send me a Primary Ballot		one election and its res	ulting runoff.)	
. Sign Here:				
I certify that the information given in this application is true, and I understand that	t giving false	information in this a	oplication is a crime."	
(Date: /	,
f applicant is unable to sign or make a mark (in the presence of a witness), the witness must comp	olete the witne	ess portion in Box 6 below		/ blank above must be an origi
ignature made with a pen and ink. Electronic signatures are not permitted.				
i. If someone helps you complete this form or mails, emails or faxes the form f	or you, tha	person must comple	ete the section below.	
nstructions for Witnesses and Assistants: See back of this form for the definitions of Witness an Check one or both boxes below if you served as a Witness, an Assistant or both. All informatio		t ha camplatadi		
The \Box if the applicant is unable to make a mark, you must check this box and complete all information.		•	(5	
\square Witness – If you are acting as a Witness to the applicant's signature or mark or signing on the a		-	lationship to the applicant here:	
\square Assistant – If you assisted the applicant in completing this application in the applicant's presence	e or mailed/e	mailed/faxed the applicati	on on behalf of the applicant. (I	ndicate Relationship)
ailure to complete this section is a Class A Misdemeanor if applicant's signature was witnesse	d or applican	was assisted in complet	ng this application.	
(
Signature of Witness/Assistant	Print	ed Name of Witness/Assista	nt	
Street Address Apt.	# (if any)	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.







POSTAGE HERE **CLASS MAIL TZRIH YJ99A**





TO: EARLY VOTING CLERK

BOX 4 (CONTINUED)

BOX 2: Annal Application if your reason for voting by mail was 65 Years of Age or Older or Disability application. If you do not select any elections in Box 4, your application will be considered an eceive a ballot for those other elections in addition to the ballot you requested with this other entities holding elections in which you are eligible to vote. This means that you may in a calendar year for which you are eligible. Your Annual Application may be forwarded to

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

unable to make your mark. The witness must state his or her relationship to you. If the Mituess – The witness must place a checkmark in the Witness Box indicating you were

• 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 more than one Annual ballot by mail application in a calendar year. to act as a witness for more than one application in each election or act as a witness for sign and provide his or her printed name and residence address. It is a Class & Wilsdemeanor witness is not a relative, the witness **must** state that on the line provided. The witness **must**

:УЛ44А ОТ ЭИІЛДАЭО 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. on your behalf, the assistant must complete Box 6. The assistant must sign and provide his

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

he application must be submitted by one of the following methods: SUBMITTING THE APPLICATION:

• In-Person – Only the applicant may submit his or her own application to the Early Voting

- Common or Contract Carrier The application may be submitted via a bona fide, for profit • By Mail – The application may be submitted via the U.S. Postal Service.
- ▶ Fax Transmission Please contact your Early Voting Clerk or the Secretary of State for fax
- Clerk or the Secretary of State for email addresses. • By email – The application may be submitted via email. Please contact your Early Voting

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

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

Instructions for Application for Ballot by Mail

- Date of Birth: Not a requirement but it is helpful to determine identity when voters have common **Name:** Please give your full name as it was provided to the Voter Registrar and indude any suffixes like Jr., Sr., or III.
- 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,
- Required Personal Information: You MUST provide one of the following numbers: Texas • 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.
- equired numbers to your voter registration record. 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, check the box that says that you have not been issued one of the required Driver's License Number, Texas Personal Identification Number or Election Identification Certificate Number (NoT your Vulb#). 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

on your Voter Registration Certificate. There are some exceptions that allow you to have your ballot

- 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 voting by mail because you are 65 or have a disability - Your ballot can be mailed to mailed to a different location.
- iress of the Jail/commitment facility or a close relative. • If you are confined in Jail or involuntarily civilly committed – Your ballot can be mailed to the

• If you choose **65 Years of Age or Older**, you must turn 65 no later than Election Day. The State of Texas requires that you provide a reason for voting by mail. Place a checkmark in the box that best describes your reason for voting by mail.

- 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.
- ullet If you choose $oldsymbol{\mathsf{Confinement}}$ for $oldsymbol{\mathsf{Childbirth}}$, you expect to give birth within three weeks before or after
- outside the county and you must provide the dates that you will be absent from the county of the Health of the county and you must provide the dates that you will be absent from the county. early voting period after you submit your application. The ballot must be mailed to an address Election Day and during the hours of early voting by personal appearance or the remainder of the Election Day.

 • If/you chose **Expected Absence from the County**, you must expect to be absent from the county on the county on the county of the county of
- 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 and Safety Code, you must be legally eligible for Early Voting by Mail. At the time your early voting

oail before Election Day is unlikely or (5) you are involuntarily civilly committed.

ease 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 emight be mail. An Annual ballot by mail will provide you with a ballot for all the elections



