



## **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.

of registration or the office of the Texas Secretary of State at 1-800-252-8683 or log on to v	vww.sos.texas.gov for a list of C	ounty Early Voting Clerks and the	ir email and physical addresses.
1. Voter Information: Please print all information clearly and legibly		YOU MUST PROVIDE ONE of t	he following numbers
Name:  Last, First, Middle	Suffix (Jr., Sr.)	Texas Driver's License, Texas Per or Election Identification Certific	ate Number issued by the
Residence Address as shown on your Voter Registration Certificate	Julia (Ji., Ji.)	Department of Public Safety (NC	I your voter registration VUID#)
Address:         Street         Apt. # (if any)         City         State         Zip Code		If you do not have a Texas Driver's License, Texas Personal Identification Number or a Texas Election Identification Certificate	
Street Apt. # (if any) City  Optional Information: Providing this information is helpful to the Early Voting Clerk, but not r		Number, give the last 4 digits of	our Social Security Number
Date of Birth:/	Pct #:		
Email: Tel.#:		☐ I have not been issued a Texas Driver's License/Texas Personal Identification Number/Texas Election Identification Certificate or Social Security Number	
2. Mail my Ballot to:		<u>'</u>	
$\square$ 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 categor	ries below.		
Address Apt. # (if.	any) City	State	Zip Code
My Other Address is: (Check one) ☐ The mailing address listed on my Voter Registration Certificate			
<ul> <li>☐ Address Outside the County (voters absent from the county)</li> <li>☐ Hospital, Nursing Home, Long-Term Care Facility, Retirement or Assisted Living Center or a Relative Model</li> </ul>	ative		(Indicate Relationship)
☐ Address of the Jail/Civil Commitment Facility or a Relative			(Indicate Relationship)
3. Reason For Voting by Mail:			
☐ 65 Years of Age or Older		l e l Ber el e	
Disability (as defined in Texas Election Code 82.002(a), see instructions on reverse) By checking this place on Election Day without a likelihood of needing personal assistance or of injuring my health."	*	s or physical condition that prevents i	ne from appearing at the polling
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 ru	noff, if your dates of absence from	the county include both elections)	
Date you can begin to receive mail at your out of county address:/	/ Date of retur	n to residence address:	/
Confined in Jail or Involuntary Civil Commitment (You may only apply for a ballot for one election a	nd any resulting runoff)		
4. Send me a Ballot for the Following Elections:			
☐ Annual Application	Uniform Election Date		
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	☐ November Election	n ☐ May Election (not a primary roff ☐ Other Special Election:  (Nam	unom)
wish to vote in a primary. Select only one party's primary and its resulting runoff.	OR Primary Election (eve	(Nam n numbered years only)	e or Date of Special Election, if known)
Primary Election (even numbered years only)	☐ Democratic Primar	y Any Resulting Runoff	
□ Democratic Primary		y Any Resulting Runoff	يروان المحمد والمحمد والمحاضر والمتاز المحاضر والمتاز المتاز المحمد والمتاز المتاز الم
☐ Do Not Send me a Primary Ballot	one election and its re	t from the county or confined in jail/c sulting runoff.)	ivilly committed may only apply for
5. Sign Here:			
"I certify that the information given in this application is true, and I understand that given	ving false information in this a	application is a crime."	
v			
X  If applicant is unable to sign or make a mark (in the presence of a witness), the witness must complete	the witness portion in Box 6 belov		/
signature made with a pen and ink. Electronic signatures are not permitted.	· ·		
6. If someone helps you complete this form or mails, emails or faxes the form for y	ou, that person must compl	ete the section below.	
Instructions for Witnesses and Assistants: See back of this form for the definitions of Witness and Assistants.			
Check one or both boxes below if you served as a Witness, an Assistant or both. All information be  If the applicant is unable to make a mark, you must check this box and complete all information be	•	ox 5.	
☐ Witness – If you are acting as a Witness to the applicant's signature or mark or signing on the appli			
$\square$ Assistant – If you assisted the applicant in completing this application in the applicant's presence or			(Indicate Relationship)
Failure to complete this section is a Class A Misdemeanor if applicant's signature was witnessed or	applicant was assisted in comple	ting this application.	
X	October 181		
Signature of Witness/Assistant	Printed Name of Witness/Assista	ant	
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** 

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## 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

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** 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

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 • 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.

If you submit an Annual Application (only available for voters 65 and older and voters with Your application must be received by the Early Voting Clerk not later than the 11th day :УЛ44А ОТ ЭИІЛДАЭО

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 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

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

- By Mail The application may be submitted via the U.S. Postal Service. • 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
- ▶ 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

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 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

Instructions for Application for Ballot by Mail

equired numbers to your voter registration record.

- 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,
- 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.
- 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 • Required Personal Information: You MUST provide one of the following numbers: Texas

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
- 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
- and Safety Code, you must be legally eligible for Early Voting by Mail. At the time your early voting 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.

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

**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 ease select the election(s) for which you are applying.



