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					,	-	
clarification)	(Refer to Instructions on back for clarification)	(Refer to Instruc	1		City	Apt Number (if applicable)	Street Address
ant	ionship to Applic	Witness' Relati		THE COOK SOCIOLATIVE			
				Vitness/Assistant	Printed Name of Witness/Assistant		Signature of Witness /Assistant
-	sieting the application	III was assisted III comp	iamic was williessed of applical			The section of the se	the you are acting as writings all a resident
ЭЖ. 	istant and sign belo	ck this box as an Assi	If of the applicant, please chec	e application on behal	iled/mailed or faxed th	If you assisted the applicant in completing this application in the applicant's presence or e-mailed/mailed or faxed the application on behalf of the applicant, please check this box as an Assistant and sign below.	If you assisted the applicant in completing. If you are acting as Witness and Assist
					C		=
				below.	eck this box and sign t	See back for Witness and Assistant definitions. If applicant is unable to mark Box #10 and you are acting as a Witness to that fact, please check this box and sign below.	11 See back for Witness and Assistant definitions If applicant is unable to mark Box #10 and you are
		he sections below.	person must complete the sections below.		or mails the form t	If someone helped you to complete this form or mails the form for you, then tha	If so
			r make a less, the 11.	Ifapplicant is unable to sign or make a mark in the presence of a witness, the witness shall complete Box #11.	Ifapplicant is mark in the p witness shall	Republican Primary Any Resulting Runoff	☐ Other ☐ Any Re
	Date				SIGN HERE	Primary Elections: You must declare one political party to vote in a primary: Democratic Primary	Uniform and Other Elections: ☐ May Election ☐ November Election
information	d that giving false	rue, and I understand	given in this application is true, and I understand that giving false information	"I certify that the information g in this application is a crime."	10 "I certify to in this app	ers Confined in Jail: one election, and any resulting runoff.	You may only apply for a ballot by mail for one election, and any resulting runoff. Please select the appropriate box.
	information.	nis form for additional	business days. See "Submitting Application" on the back of this form for additional information.	lays. See "Submitting	business d	Any Resulting Runoff	☐ Any Re
a clerk within four	clerk's fax)	(early voting clerk's fax)	ss) rm. please be aware that you	(early voting clerk's e-mail address) NOTE: If you fax or e-mail this form.	(early votin	Republican Primary	Other
	Cicio		alkinori ana asaninsa akhinsanon o nis Early vonis orona ar	votoro may submit a compretea,	9	a primary: Democratic Primary	November Election
	sidence address	Date of return to residence address	mail at this address	1 ""		Primary Elections: You must declare one political party to vote in	Uniform and Other Elections: May Election
						Annual Application	☐ Annual
		reverse for instructio	if you selected "expected absence from the county," see reverse for instructions	Tred "expected abse	8 Tyou sele	r voters with a Disability: ate box. ar year, select "Annual Application."	If applying for one election, select appropriate box. If applying once for elections in the calendar year, select "Annual Application."
				Center	Retirement Center		Confinement in Jali. (Complete Box #6b) You will receive a ballot for the upcoming election only
nty (see Box #8)	Address outside the county (see Box #8)	☐ Addre				omplete Box #6b and Box #8) election only	Expected absence from the county. (Complete Box #6b and Box #8) You will receive a ballot for the upcoming election only
	Relative: relationship	□ [lity or long term care facility	Nursing home assisted living facili			Disability. (Complete Box #6a)
where the ballot	Than residence), indicate of the fail	dress (other than res	m you are requesting this ballot be mailed to a different address (other than residence), indicate where the ballot will be mailed. See reverse for instructions. Mailing Address as listed on my voter registration certificate Mailing Address as listed on my voter registration certificate	if you are requesting this ballot be mailed to will be mailed. See reverse for instructions. alling Address as listed on my voter registration.	7 will be ma Mailing Addre	ox #6a)	Freason for voting by mail: 65 years of age or older. (Complete Box #6a)
			addicas.	* Used in case our office has questions.	* Used in case our c		
			addrass.		Contact Information (Optional)* Please list phone number and/or a		4. Date of Birth (mm/dd/yyyy) (Optional)
ZIP Code	State			City	. `	Mail my ballot to: If mailing address differs from residence address, please complete Box # 7.	3 Mail my ballot to: If mailing address differ
ZIP Code	,TX			City		lication for instructions.	Residence Address: See back of this application for instructions.
Middle Initial			- 1	l, etc) First Name	Suffix (Jr., Sr., III, etc)		Last Name (Please print information)
		ecinct #,	For Official Use Only VUID #, County Election Precinct #, Statement of Residence, etc.	cretary of State of Texas A5-15 12/17	Prescribed by the Office of the Secretary of State of Texas A5-15 12/17		Application for Ballot by Mail