

Application for Ballot by Mail

Prescribed by the Office of the Secretary of State of Texas
AS-15 12/17

For Official Use Only
VUID #: County Election Precinct #,
Statement of Residence, etc.

1	Last Name (Please print information)		Suffix (Jr., Sr., III, etc)	First Name	Middle Initial
2	Residence Address: See back of this application for instructions.		City	TX	ZIP Code
3	Mail my ballot to: If mailing address differs from residence address, please complete Box # 7.		City	State	ZIP Code
4	Date of Birth (mm/dd/yyyy) (Optional)		Contact information (Optional)* Please list phone number and/or email address: * Used in case our office has questions.		

5	Reason for Voting by Mail: <input type="checkbox"/> 65 years of age or older. (Complete Box #6a) <input type="checkbox"/> Disability. (Complete Box #6a) <input type="checkbox"/> Expected absence from the county. (Complete Box #6b and Box #8) <input type="checkbox"/> You will receive a ballot for the upcoming election only <input type="checkbox"/> Confinement in jail. (Complete Box #6b) <input type="checkbox"/> You will receive a ballot for the upcoming election only	7	If 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. <input type="checkbox"/> Mailing Address as listed on my voter registration certificate <input type="checkbox"/> Nursing home, assisted living facility, or long term care facility <input type="checkbox"/> Hospital <input type="checkbox"/> Retirement Center
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6a	ONLY Voters 65 Years of Age or Older or Voters with a Disability: If applying for one election, select appropriate box. If applying once for elections in the calendar year, select "Annual Application." <input type="checkbox"/> Annual Application Uniform and Other Elections: <input type="checkbox"/> May Election <input type="checkbox"/> November Election <input type="checkbox"/> Other <input type="checkbox"/> Any Resulting Runoff	8	If you selected "expected absence from the county," see reverse for instructions Date you can begin to receive mail at this address Date of return to residence address
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6b	ONLY Voters Absent from County or Voters Confined in Jail: You may only apply for a ballot by mail for one election, and any resulting runoff. Please select the appropriate box. Uniform and Other Elections: <input type="checkbox"/> May Election <input type="checkbox"/> November Election <input type="checkbox"/> Other <input type="checkbox"/> Any Resulting Runoff	9	Voters may submit a completed, signed, and scanned application to the Early Voting Clerk at: (early voting clerk's e-mail address) (early voting clerk's fax) NOTE: If you fax or e-mail this form, please be aware that you must also mail the form to the early voting clerk within four business days. See "Submitting Application" on the back of this form for additional information.
10	"I certify that the information given in this application is true, and I understand that giving false information in this application is a crime."		

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X

SIGN HERE
If applicant is unable to sign or make a mark in the presence of a witness, the witness shall complete Box #11.

11	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. 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 are acting as Witness and Assistant, please check both boxes. Failure to complete this information is a Class A misdemeanor. If signature was witnessed or applicant was assisted in completing the application.	Witness' Relationship to Applicant (Refer to Instructions on back for clarification)
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