Application for Ballot by Mail		Prescribed	Prescribed by the Office of the Secretary of State of Texas A5-15 12/17		For Official Use Only VUID #, County Election Precinct #,			
4	Last Name (Please print information)		Suffix (Jr., Sr., III, etc)	First Name	Statement of Residence, etc	<u>. </u>		Middle Initial
1								
2	Residence Address: See back of this application for instru	ictions.		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 <u>and/or</u> email address: * Used in case our office has questions.					
5	Reason for Voting by Mail:		7 If you are requesting this ballot be mailed to a different address (other than residence), indicate where the ballot					
	65 years of age or older. (Complete Box #6a)		will be mailed. See reverse for instructions. Mailing Address as listed on my voter registration certificate Address of the jail					
	Disability. (Complete Box #6a)							
	Expected absence from the county. (Complete Box #6b and Box #8) You will receive a ballot for the upcoming election only		Nursing home, assisted	l living facility,	or long term care facility	∐ Rela	tive; relationship	
			☐ Hospital ☐ Address outside the county (see Box #8)					unty (see Box #8)
	Confinement in jail. (Complete Box #6b) You will receive a ballot for the upcoming election only		Retirement Center					
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."		8 If you selected "expected absence from the county," see reverse for instructions					
								
	Annual Application			/				
	Vou must	Elections:	Date you can begin to receive mail at this address Date of return to residence address					
	May Election You must declare one political party to vote in a primary:		9 Voters may submit a completed, signed, and scanned application to the Early Voting Clerk at:					
		atic Primary						
	Other Republic	can Primary	(early voting clerk's e	,		(early voting	,	
	Any Resulting Runoff		NOTE: If you fax or e-mail this form, please be aware that you must also <u>mail</u> the form to the early voting clerk within four business days. See "Submitting Application" on the back of this form for additional information.					
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.		"I certify that the infinithis application is		en in this application is t	ue, and I understan	d that giving false	information
	May Election You must a primary	Elections:	→ X				Date	
		atic Primary	SIGN HERE					
	Other Republic	can Primary	Ifapplicant is unable t					
	Any Resulting Runoff	mark in the presence of a witness, the witness shall complete Box #11.						
If someone helped you to complete this form or mails the form for you, then that person must complete the sections below.								
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.								
ı	If you assisted the applicant in completing this application in the applicant's presence or e-mailed/mailed or faxed the application				f the applicant, please che	ck this box as an Ass	sistant and sign bel	low.
	★ 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.							
l x								
	Signature of Witness /Assistant		Printed Name of Witness/Assistant					
	-						tionship to Appl	
	Street Address Apt N	umber (if applicable)	City			(Refer to Instru	uctions on back fo	or clarification)
								
	State		ZIP Code					

Este formulario está disponible en Español. Para conseguir la version en Español favor de llamar sin cargo al 1.800.252.8683 a la oficina del Secretario de Estado o la Secretaria de Votación por Adelantado.