

# Application for Ballot by Mail

Prescribed by the Office of the Secretary of State of Texas A5-13-12/17 173/11

Last Name (Please print information)

Suffix (Jr., Sr., III, etc)

First Name

Middle Initial

Residence Address: See back of this application for instructions.

ZIP Code

Mail my ballot to: If mailing address differs from residence address, please complete Box # 7.

City

, TX

State

ZIP Code

Date of Birth (mm/dd/yyyy) (Optional)


Reason for Voting by Mail:

- 65 years of age or older. (Complete Box #6a)
- 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
- Confinement in jail. (Complete Box #6b)
- You will receive a ballot for the upcoming election only

Contact Information (Optional)\*

Please list phone number and/or email address:

\* Used in case our office has questions.

If you are requesting this ballot be mailed to a different address (other than residence), indicate where the ballot

Mailing Address as listed on my voter registration certificate

Address of the jail

Nursing home, assisted living facility, or long term care facility

Relative; relationship \_\_\_\_\_

Hospital

Address outside the county (see Box #8)

Retirement Center

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

(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.

6a 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:

- May Election
- November Election
- Other \_\_\_\_\_
- Any Resulting Runoff



Date

Primary Elections:  
You must declare one political party to vote in  
a primary:

- Democratic Primary
- Republican Primary

If applicant is unable to sign or make a  
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.

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.

X Signature of Witness/Assistant

Printed Name of Witness/Assistant

Witness' Relationship to Applicant  
(Refer to Instructions on back for clarification)

Street Address

Apt Number (if applicable)

City

ZIP Code