

A	pplicatic	on for a	Ballot	pà V	/Iai
If:	someone	helps y	ou com	plete	th
Ea	urly Votin	g Clerk.	VOU MU	st also	o se

If someone helps you complete this form or malls, 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 fading or emailing this form on or near the deadline to apply for a Ballot by Mall, 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.

of registration or the office of the Texas Secretary of State at 1-800-252-8683 or log on to www.  1. Voter Information: Please print all information clearly and tegibly	s form o	texas.gov for a list of Co.	YOU MUST PROVIDE ONE of the followin	
Name:			Texas Driver's License, Texas Personal Identifi	cation Number
Last, First, Middle		Suffix (Jr., Sr.)	or Election Identification Certificate Number Department of Public Safety (NOT your voter	issued by the
Residence Address as shown on your Voter Registration Certificate				
Address:			If you do not have a Texas Driver's License, Te	xas Personal
Street Apt. # (if any) City  Optional Information: Providing this information is helpful to the Early Voting Clerk to clarify any information.	Stat	e Zip Code	Identification Number or a Texas Election Ide Number, give the last 4 digits of your Social Se	ntification Certificate
your yoted mail ballot.			xxx-xx	
Date of Birth:/	Pct #:_	<del></del>	☐ I have not been issued a Toyas Driver's Lice	ense/Texas Personal
Email: Tel.#:			Identification Number/Texas Election Identifi Social Security Number	cation Certificate or
2. Mail my Ballot to:				
My Residence Address (as listed on my Voter Registration Certificate)		<del> </del>		
Other Address - You may use the Other Address line only if the other address fits one of the categories		ı.		
Address Apr. # (if any Ny Other Address is: (Check one)	η)	City	State	Zip Code
<ul> <li>☐ The mailing address listed on my Voter Registration Certificate</li> <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</li> </ul>	h			
Address of the Jail/Oxil Commitment Facility or a Relative	ME			(Indicate Relationship)
				(Indicate Relationship)
3. Reason For Voting by Mail:  65 Years of Age or Older				
Disability (as defined in Texas Election Code 82.002(a), see instructions on reverse) By checking this by place on Election Day without a likelihood of needing personal assistance or of injuring my health."	oox, "I af	firm that I have a sickness	or physical condition that prevents me from appe	aring 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 runo	off, if you	ur dates of absence from t	ne county include both elections)	
Date you can begin to receive mail at your out of county address://		Date of return	to residence address:/	,
Confined in Jail or Involuntary Civil Commitment (You may only apply for a ballot for one election and	d any re:	sulting 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			☐ May Election (not a primary runoff)  f ☐ Other Special Election:	
wish to vote in a primary. Select only one party's primary and its resulting runoff.	OR	Primary Election (even	(Name or Date of So	ecial Election, if known)
Primary Election (even numbered years only)	[ OK ]	□ Democratic Primary	Any Resulting Runoff	
Democratic Primary			☐ Any Resulting Runoff	
Do Not Send me a Primary Ballot		one election and its resi	from the county or confined in jail/civilly committe alting runoff.)	ed may only apply for
5. Sign Here:				
"I certify that the information given in this application is true, and I understand that givin	ng false	Information in this ar	pilcation is a crime."	
X	•	•		
If applicant is unable to sign or make a mark (in the presence of a witness), the witness must complete th	he witne	ess portion in Box 6 below.	Date: The signature or mark of the voter in the blank ah	_/
signature made with a pen and ink. Electronic signatures are not permitted.				ore made as all origine
6. If someone helps you complete this form or mails, emails or faxes the form for you		person must comple	te the section below.	_
Instructions for Witnesses and Assistants: See back of this form for the definitions of Witness and Assist Check one or both boxes below if you served as a Witness, an Assistant or both. All information below		h h a a a a a a a a a a a a a a a a a a		
If the applicant is unable to make a mark, you must check this box and complete all information below	w. Don	ot sign for the voter in Box	5.	
Witness - If you are acting as a Witness to the applicant's signature or mark or signing on the applicant	int's beh	ialf, you must state your re	ationship to the applicant here:	- 3
Assistant – If you assisted the applicant in completing this application in the applicant's presence or ma				elationship)
Fallure to complete this section is a Class A Misdemeanor if applicant's signature was witnessed or ap	pplicant	was assisted in completi	ng this application.	
X Signature of Witness/Assistant	Defeat	nd Name of Misses for the		
	r'(#102	ed Name of Witness/Assistar	•	
Street Address Apt. II (if any	y)	City	State	Zip Coole









FROM:

**APPLY FIRST CLASS MAIL** POSTAGE HERE



# TO: EARLY VOTING CLERK

Instructions for Application for Ballot by Mail

## BOX 1:

- Name: Please give your full name as it was provided to the Voter Registrar and include any suffixes like Jr. Sr. or III
- Date of Birth: Not a requirement but it is helpful to determine identity when voters have common
- ddress: 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 but it is not a requirement.
- Phone Number and Email Address: Providing your telephone number and email is not required but is extremely helpful to the Early Voting Clerk to darify any information on this application and/or your voted mail ballot.
- Required Personal Information: You MUST provide one of the following numbers: Texas Driver's License Number, Texas Personal Identification Number or Election Identification Certificate Number (NOT your VUIDIF). 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 numbers, check the box tha says that you have not been issued one of the required 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 registran to inquire about how to add one of the required numbers to your voter registration record.

BOX 2: Your ballot must be mailed to the address where you are registered to vote or the mailing address lister on your Voter Registration Certificate. There are some exceptions that allow you to have your ballot mailed to a different location.

- If you are voting by mail because you are 65 or have a disability Your ballot can be mailed to
- 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 confined in jail or involuntarily civilly committed Your ballot can be mailed to the address of the jail/commitment facility or a close relative.

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 65 Years of Age or Older, you must turn 65 no later than Election Day.
- 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.
   If you choose Confinement for Childbirth, you expect to give birth within three weeks before or after
- If you choose Expected Absence from the County, you must expect to be absent from the county or
- If you choose Expected Absence from the County, you must expect to be absent from the county on Election Day and during the hours of early voting by personal appearance or the remainder of the early voting period after you submit your application. The ballot must be mailed to an address outside the county and you must provide the dates that you will be absent from the county, if you choose Confined in Jail/Involuntary Chill Commitment under Chapter 841 of the Health and Safety Code, you must be legally eligible for Early Voting by Mail. At the time your early voting 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 bail before Election Day is unlikely or (5) you are involuntarily civilly committed.

BOALT Please select the election(s) for which you are applying. Annual Application – Only voters who are 65 or older or who have a disability are eligible to apply for an Annual ballot by mail. An Annual ballot by mail will provide you with a ballot for all the elections

in a calendar year for which you are eligible. Your Annual Application may be forwarded to other entities holding elections in which you are eligible to vote. This means that you may receive a ballot for those other elections in addition to the ballot you requested with this application. If you do not select any elections in Box 4, your application will be considered an Annual Application if your reason for voting by mail was 65 Years of Age or Older or Disability. BOX 5:

Sign and date your application. If you are unable to sign because of a physical disability or literacy, the application may be signed for you by a witness in Box 6. The witness must be in the presence of the voter in order to act as a witness.

- Witness The witness must place a checkmark in the Witness Box indicating you were unable to make your mark. The witness must state his or her relationship to witness is not a relative, the witness must state that on the line provided. The witness must sign and provide his or her printed name and residence address. It is a Class B Misdemeanor to act as a witness for more than one application in each election or act as a witness for
- more than one Annual ballot by mail application in a calendar year.

  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 on your behalf, the assistant must complete Box 6. The assistant must sign and provide his 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.

DEADLINE TO APPLY: Our application must be received by the Early Voting Clerk not later than the 11th day Your application must be received by the Early Yoting Clerk not later than the 11th day before Election Day. If the deadline falls on a weekend or holiday the deadline moves the first preceding business day. An application may be submitted anytime in the calendar year but not later than the 11th day for the election in which you wish to vote. Annual Applications - If you submit an Annual Application (only available for voters 65 and older and voters with isabilities), within 60 days of an election that takes place in the following calendar year, your application will be valid for all elections in the following calendar year. This 60 day rule applies only to Annual Applications and only when there is an election within 60 days of the date the Annual Application was received by the Early Voting Clerk in the preceding year.

SUBMILITING THE APPLICATION:

## SUBMITTING THE APPLICATION:

- he application must be submitted by one of the following methods:
- In-Person Only the applicant may submit his or her own application to the Early Voting
- By Mall The application may be submitted via the U.S. Postal Service.
   Common or Contract Carrier The application may be submitted via a bona fide, for profit carrier. Fax Transmission - Please contact your Early Voting Clerk or the Secretary of State for fax
- numbers By email - The application may be submitted via email. Please contact your Early Voting
- Clerk or the Secretary of State for email addresses.

The fax or email must reach the Farly Voting Clerk's office no later than the close of regular business or 12,00 noon, whichever is later on the 11th day before Election Day.

IL YOU LAX OR EMAIL THE APPLICATION YOU MUST ALSO PHYSICALLY SEND THE ORIGINAL TO THE FARLY VOTING CLERK SO THAT IT IS RECEIVED NO LATER THAN THE FOURTH RUSINESS DAY AFTER IT WAS RECEIVED BY FAX OR EMAIL.



