

Application for Ballot by Mail

Prescribed by the Office of the Secretary of Texas
AS-15e 08/15
1737/11

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

Middle Initial

Zip Code

1 Last Name (Please print information)	Suffix (Jr., Sr., III, etc)	First Name	, TX	Zip Code
2 Residence Address: See back of this application for instructions.				
3 Mail my ballot to: If mailing address differs from residence address, please complete Box #7.				
4 Date of Birth (mm/dd/yyyy) (Optional)				
<input type="text"/> / <input type="text"/>				
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				
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				
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				
Primary Elections: You must declare <u>one</u> political party to vote in a primary: <input type="checkbox"/> Democratic Primary <input type="checkbox"/> Republican Primary				
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				
8 If you selected "expected absence from the county," 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				
9 Contact Information (Optional)* Please list phone number and/or email address: * Used in case our office has questions.				
Date you can begin to receive mail at this address <input type="checkbox"/> Address of the jail <input type="checkbox"/> Relative: relationship _____ <input type="checkbox"/> Address outside the county (see Box #8) Date of return to residence address <input type="checkbox"/> Early voting clerk's e-mail address				
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.				
 SIGN HERE If applicant is unable to sign or make a mark in the presence of a witness, the witness shall complete Box #11. Date				
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 the fact, please check this box and sign below. <input type="checkbox"/> 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. <input type="checkbox"/> * 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 _____ State _____				