

Application for Ballot by Mail

Prescribed by the Office of the Secretary of State of Texas
AS-15e 08/15
173711

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)
/
/

5
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

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."

Uniform and Other Elections: Annual Application

Primary Elections: You must declare one political party to vote in a primary:
 May Election
 November Election
 Other _____
 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:
 May Election
 November Election
 Other _____
 Any Resulting Runoff

Primary Elections:
 You must declare one political party to vote in a primary:
 Democratic Primary
 Republican Primary
 Any Resulting Runoff

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.

Mailing Address as listed on my voter registration certificate
 Nursing home, assisted living facility, or long term care facility
 Hospital
 Retirement Center

Address of the jail
 Relative, relationship _____
 Address outside the county (see Box #8)

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 /
/

9
Contact Information (Optional)*
 Please list phone number and/or email address:
 * Used in case our office has questions.

Notice to Voter: Effective September 1, 2015, you may submit a completed, signed and scanned application to the early voting clerk at _____ (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 _____

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.

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.

Signature of Witness/Assistant

Printed Name of Witness/Assistant _____

Street Address _____ Apt Number (if applicable) _____

City _____ State _____ Zip _____

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

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