Application for Ballot by Mail

Prescribed by the Office of the Secretary of State of Texas
A5-15e 12/13
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)

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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**) **Be sure to complete Box #8**
- ☐ Confinement in jail. (**Complete Box #6b**)

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)

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 all county elections in the calendar year, select "Annual Application."

☐ Annual Application

Uniform and Other Elections:
- ☐ May Election
- ☐ November Election
- ☐ Other _____

Primary Elections:
You must declare one political party to vote in a primary:
- ☐ Democratic Primary
- ☐ Republican Primary

☐ Any Resulting Runoff

8 **If you selected "expected absence from the county," see reverse for instructions**

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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.

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 _____

Primary Elections:
You must declare one political party to vote in a primary:
- ☐ Democratic Primary
- ☐ Republican Primary

☐ Any Resulting Runoff

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."**

→ X

SIGN HERE
If applicant is unable to sign or make a mark in the presence of a witness, the witness shall complete Boxes #11a-b.

If someone helped you to complete this form or mails the form for you, then that person must complete the sections below.

11a **If applicant is unable to mark Box # 10, the witness shall check this box.** ☐

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

X _____ Printed Name of Witness/Assistant

_____ Street Address | Apt Number (if applicable)

_____ City

_____ State

_____ Zip

11b **See back for Witness and Assistant definitions.**

- ☐ If you are acting as a **Witness**, please check this box.
- ☐ If you are acting as an **Assistant**, please check this box.
- * If you are acting as **Witness and Assistant**, please check **both boxes**.

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