PROVIDE THE
NUMBER FROM
ONE OF THESE IDS
TO COMPLETE YOUR
BALLOT BY MAIL
APPLICATION AND
YOUR CARRIER
ENVELOPE.



Texas Driver License\*



Texas Election ID Certificate\*†







Social Security Card

You must provide a number from one of these approved IDs on your ballot by mail application (ABBM) and your carrier envelope. If you have not been issued *any* of these IDs, you must indicate so by checking the appropriate box on the application for a ballot by mail and your carrier envelope.

Find out more about voting in Texas at

#### **VOTETEXAS.GOV**

POWERED BY THE TEXAS SECRETARY OF STATE

or call 1-800-252-VOTE (8683)

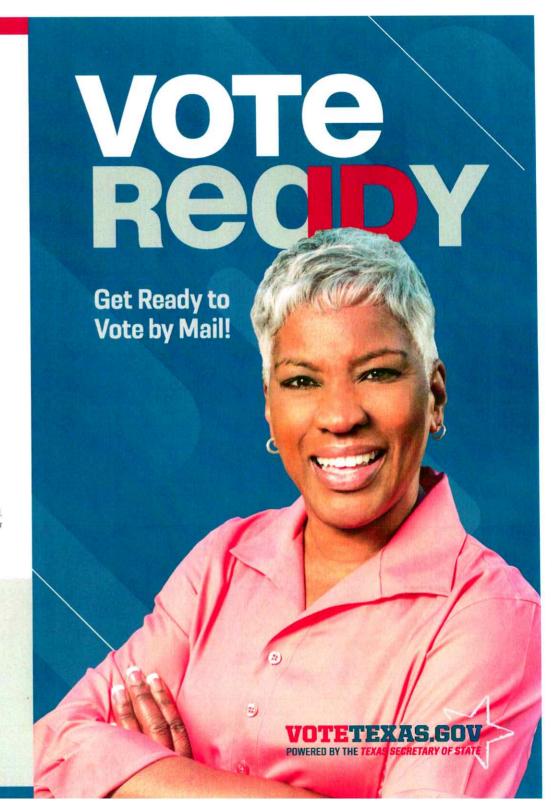
\*For voters aged 18-69 years, photo ID can be expired for up to four years. For voters aged 70 and older, photo ID can be expired for any length of time if otherwise valid.

\*The Texas Election ID Certificate is a free photo ID issued by DPS for voting purposes. The number on this ID is NOT your Voter Unique Identifier (VUID) on the voter registration card you receive in the mail. Your VUID is NOT required information on either your ABBM or mail bellot carrier envelope.





Scan this QR code to track your application for ballot by mail, check the status of your mail-in ballot and certify your ID information, if necessary.



### YOU ARE ELIGIBLE TO VOTE BY MAIL IF YOU MEET ANY OF THE FOLLOWING REQUIREMENTS:

65 years or older





Expected to give birth within 3 weeks of Election Day Civilly committed under Chapter 841 of the Texas Health and Safety Code





Out of the county on Election Day and during the period for early voting by personal appearance



Confined in jail, but are otherwise eligible

SAMPLE APPLICATION →

**↑ SAMPLE ENVELOPE** 

## The first step is to fill out an Application for Ballot by Mail (ABBM). You can find and print the application at VoteTexas.gov or request one from your county's election office. To apply for a ballot by mail, you must provide either: (1) your Texas Driver License, Personal ID or Election Identification Certificate Number; OR (2) the last 4 digits of your Social Security number. The number you provide must be associated with your voter registration record for your ABBM to be accepted.

How Do You Get a Ballot by Mail?

You are welcome to provide both

numbers.

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mal		36.4		Social Security Number
. Mail my Ballot to:				
	HIS SOUR RESERVATION OF TRADES			

#### Completing the Carrier Envelope.

When you're ready to mail your ballot, make sure you have completely filled out your carrier envelope before sealing and signing it. Underneath the privacy flap, which allows for the security of your personal information, you must provide either: (1) your Texas Driver License, Personal ID or Election Identification Certificate Number; OR (2) the last 4 digits of your Social Security number. You are welcome to provide both numbers.



Scan the QR code on the back of this info card, or visit VoteTexas.gov and select "Track My Ballot" to see where your ballot is in the process, and to certify your ID information, if necessary.

REQUIRED INFORMATION: YOU MUST P INFORMACIÓN REQUERIDA: DESE PROF				
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TO CHECK THE STATUS OF YOUR MAIL BALLOT, VISIT

TOWNSHIELD CON

State Zip Code	City	Street Address Apr. # (if any)
<i>a</i>	Printed Name of Witness/Assistant	Signature of Witness/Assistant
		X
applicant.	mailed/faxed the application	Assistant — If you assisted the applicant in completing this applicanton in the applicant's presence or mailed/emailed/faxed the applicant on behalf of the applicant.
lationship to the applicant here:	half, you must state your rela	Witness – If you are acting as a Witness to the applicant's signature or mark or signing on the applicant's behalf, you must state your relationship to the applicant here.
χ.	<b>It be completed!</b>	Instructions for Witnesses and Assistants: See back of this form for the definitions of Witness and Assistant.  Check one or both trongs below if you served as a Witness, an Assistant or both. All information below must be completed!  If the populator is unable to make a mark you must check this box and complete all information below. Do not use for the voter in Box 5.
te the section below.	t person must complet	6. If sameone helps you complete this form or mails, emails or faxes the form for you, that person must complete the section below
The signature or mark of the voter in the blank above must be an ongin	ess portion in Box 6 below.	If applicant is unable to sign or make a mark (in the presence of a witness), the witness must complete the witness portion in Box 6 below. The signature or mark of the voter in the blank above must be an originature made with a pen and ink. Electronic signatures are not permitted.
pikation is a crime:	e information in this ap-	"I certify that the information given in this application is true, and I understand that giving raise information in this application is a crime:
		5. Sign Here:
(voters who are absent from the county or confined in jail/chilly confinitied may only apply for one electron and its resulting runoff.)	(Voters who are absent from the cou- one election and its resulting runoff.)	☐ Republican Primary ☐ Any Resulting Runott ☐ Do Nox Send me a Primary Ballot
☐ Any Resulting Runoff	☐ Republican Primary	· [2]
(Name or Date of Special Election, if known)  Tumbered years only)	Primary Election (even numbered years only)	only available for voticts bolder of the doctor with obscinites, industrial select a party in you wish to vote in a primary. Select only one party's primary and its resulting runoff.  OR
Uniform Election Dates  ☐ November Election ☐ May Election (not a primary runoff) ☐ Any Reculting Brightf ☐ Other Copyright Election:	Uniform Election Dates  November Election  Any Resulting Runoff	Arnual Application  Send me a ballot for all Elections in this voting year (January – December). Annual Applications  Send me a ballot for all Elections in this voting year (January – December). Annual Applications
	sulting runoff)	☐ Confined in Jail or Involuntary Civil Commitment (You may only apply for a ballot for one election and any resulting runoff)  4. Send me a Ballot for the Following Elections:
Date of return to residence address:////	Date of return t	Date you can begin to receive mail at your out of county address:
or physical condition that prevents me from appearing at the polling se county include both elections)	ffirm that I have a sickness of observed from the	<ul> <li>□ Disability (as defined in Texas Election Code 82.002(a), see instructions on reverse) By checking this box, "I affirm that I have a sideness or physical condition that prevents me from appearing at the politing place on Election Day without a likelihood of needing personal assistance or of injuring my health."</li> <li>□ Expected to give birth within three weeks before or after Election Day</li> <li>□ Expected Absence from the County (You may apply for a ballot for one election and its resulting runoff, if your dates of absence from the county include both elections)</li> </ul>
		3. Revasion For Voting by Mail:  — 65 Years of Age or Older
(Indicate Relationship)	;	☐ Address of the Jall/Civil Commtment Facility or a Relative
(Indicate Relationship		My Other Address is. (Check one)  The mailing address listed on my Voter Registration Certificate  Address Outside the County (voters absent from the county)  Hospital, Nursing Home, Long-Term Care Facility, Retirement or Assisted Living Center or a Relative
State Zip Code	City	Address Apr. # (if any)
		<ol> <li>Mair my Baillos to:</li> <li>My Residence Address (as listed on my Voter Registration Certificate)</li> <li>Other Address - You may use the Other Address line only if the other address fits one of the categories below</li> </ol>
Social Security Number		Email: Tel.#:
☐ I have not been issued a Texas Driver's License/Texas Personal Identification Number/Texas Flection Identification Certificate or		Date of Birth: / / VUID#: Pct #:
Number, give the last 4 agits of your social security number  XXX-XX-		nation: Providing this information is helpful to the Early Voting Clerk, but not requir
If you do not have a Texas Driver's License, Texas Personal Identification Number or a Texas Election Identification Certificate	ie Zip Code	Address: Street Apt. # (if any) City State
Celebrating in the control of the co		Residence Address as shown on your Voter Registration Certificate
Texas Driver's License, Texas Personal Identification Number or Election Identification Certificate Number issued by the Description of Building School (NOT voice registration VI III).	Suffix (Ir Sr)	Name:
unty Early Voting Clerks and their email and physical addresses. YOU MUST PROVIDE ONE of the following numbers	texas gov for a list of Cou	of registration or the office of the Texas Secretary of State at 1-800-252-8683 or log on to www.sos.
) on or near the deadline to apply for a Ballot by Wall, you must your email or fax. Original signatures are required on both the ATION MUST BE RECEIVED BY THE EARLY VOTING CLERK ANI THON MUST BE RECEIVED BY THE EARLY VOTING CLERK ANI WALL OF THE PROPERTY OF THE PROPERT	ing or emailing this form the day the Clerk received (DCOPY OF THIS APPLIC) tompletely. If you have a	Early Voting Clerk, you must also send the original hardcopy to the Early Voting Clerk. If you are faving or emailing this form on or near the deciding to apply for a labor by what, you must also send the original hardcopy so that the clerk receives it no later than the founth business day after the day the clerk received your email or fax. Original signatures are required on both the send the physical hard copy. Electronic signatures are not permitted. The HARDCOPY OF THIS APPULCATION MUST BE RECEIVED BY THE EARLY VOTING CLERK AND APPULCATION IN THE PROPERTY OF THIS APPULCATION FOR THE SAME YOUR COUNTY CLERK IN YOUR COUNTY
ress/Assistant Box 6 below. If you email or fax this form to th	nust complete the Witn	Application for a Ballot by MRII  If someone helps you complete this form or malls, emails or faxes this form for you, that person r

- \* Date of Birth: Not
- au may provide it, Address: Give your full resident
   VUID and Precinct Number:
- Phone Number and Email Address:
- Required Personal Information: You MUST provide one of the following numbers: (NOT your VUID#)

#### BOX 2:

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.
- If you are absent from the county—Your ballot must be mailed
   If you are confined in jail or involutifuly folly committed
  - BOX 3:

- 65 Years of Age or Older. Disability, your disability in
- Confinement for Childbirth, you expect to give birth within three weeks before or after
- Expected Absence from the County
  - If you choose Confined in Jail/Involuntary Civil Commitment under Chapter 841 of the Health and Safety Code, you must be leasily eliable for Early Women and Safety Code, you must be leasily eliable for Early Women and Safety Code, you must be leasily eliable for Early Women and Safety Code, you must be leasily eliable for Early Women and Safety Code, you must be leasily eliable.

### BOX 4:

Annual Application

## BOX 4 (CONTINUED)

#### BOX 5:

must must

must Assistant

# DEADLINE TO APPLY:

Annual Applications

# SUBMITTING THE APPLICATION:

• In-Person

- be submitted via the U.S. Postal Service The application may be submitted via a bona fide, for profit Mail - The application may
   Common or Contract Carrier
- Fax Transmission Please contact your Early Voting Clerk or the Secretary of State for fax
- · By email

The fax or email must reach the Early 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.

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

## TO: EARLY VOTING CLERK Muleshoe 300 S. 7934



AFFIX FIRST CLASS POSTAGE

FROM: