

DO NOT REMOVE PERFORATED TABS. Moisten here and fold bottom to top to seal.

DO NOT REMOVE PERFORATED TABS. Moisten here and fold bottom to top to seal.

Application for Ballot by Mail

Prescribed by the Office of the Secretary of State of Texas
AS-15-12/17

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)

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

Grid for Date of Birth (mm/dd/yyyy)

Reason for Voting by Mail:

65 years of age or older. (Complete Box #6a1)

Disability. (Complete Box #6a2)

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)

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 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

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

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 that 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.

X
Signature of Witness/Assistant

X
Printed Name of Witness/Assistant

Witness' Relationship to Applicant

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."



Date

SIGN HERE

If applicant is unable to sign or make a mark in the presence of a witness, the witness shall complete Box #11.

Instructions for Application for Ballot by Mail

Address - Give full address as shown on your voter registration certificate. If you within the county but not yet changed your voter registration address with the voter date your new residence address.

Address - Give full address where you wish to have ballot mailed, if the address is different idence address.

Vote at a Different Address - Your ballot must be mailed to your home where you live ling address on your voter registration certificate. There are some exceptions that ave your ballot mailed to a different location as specified below.

Reason for voting by mail	Location to mail ballot
Disabled	Nursing home, assisted living/retirement center, relative, hospital
	Address of jail or relative
Out of county	Address located outside of county

Absence from County - If you chose expected absence from county, you must expect from the county on election day and during the hours of early voting in person or nder of the early voting period after you submit your application. **Your ballot must an address outside the county.** Important: Give date you can begin to receive dress given.

Qualification - If you are 65 years of age or older, or disabled you may apply to receive all il for a calendar year. If you do not select any elections in Box 6a, your application ered an Annual Application. If you submit an annual application for a ballot by mail, on may be forwarded to other entities holding elections where you are a qualified eans that you may receive a ballot for those elections in addition to the ballot(s) d with this application.

Signing Application

Sign your application - If unable to sign, please go to Witness/Address boxes (11 nd have a person witness your mark. Witness/Assistant instructions follow below.

Early Voting Clerk - You may submit your application via these methods:

1. In person: The applicant may submit their application in person to the Early Voting Clerk during the early voting period. However, after the early voting period begins for an election, the applicant may only submit their application via mail, common contract carrier, fax, or e-mail.

2. By mail: You may mail your application via the U.S. Postal Service.

Contract Carrier: You may submit via a common or contract carrier which is a bona fide carrier.

3. By fax: You may fax your application to the Early Voting Clerk. Please contact your Early Voting Clerk or the Secretary of State's Office for fax numbers.

4. By e-mail: You may e-mail a signed, scanned image of your application to the Early Voting Clerk. Contact your Early Voting Clerk or the Secretary of State's Office for e-mail addresses.

FOR E-MAIL YOUR APPLICATION TO THE EARLY VOTING CLERK, YOU MUST SEND THE APPLICATION SO THAT THE CLERK RECEIVES IT NO LATER THAN THE FOURTH BUSINESS DAY AFTER THE DAY THE CLERK RECEIVED YOUR E-MAILED APPLICATION. If you fax or e-mail your application by the deadline below, your application will be considered complete and timely as long as it is received by the early voting clerk by the fourth business day after it was received by fax or e-mail.

Applications must be received by the early voting clerk of the local entity conducting the election no later than the 11th day before election day. If the 11th day is a weekend or holiday, the deadline is the first preceding business day. You may submit an application throughout the year beginning January 1. Please remember that the application must be received not later than the 11th day before the first election in which you seek to vote by mail.

An Annual Application for Ballot by Mail within 60 days before an election that takes place in the following calendar year, your application will be valid for any election that takes place in the following calendar year, regardless of the fact that your application was submitted prior to the preceding calendar year. This applies to Annual Applications only and not to a ballot for ballot by mail.

Assistant Section

If you are unable to sign your name (due to a physical disability or illiteracy), the ballot may be signed at Box #11 for you by a Witness. You must affix your mark to the Ballot Box #10 or, if you are unable to make a mark, then the Witness must check the box in 11 indicating the inability to make a mark. The Witness must state his/her relationship to you on the ballot and indicate his/her relationship to you or, if unrelated, state that fact. The Witness must sign and provide his or her printed name and residence address. Unless the Witness is a close relative of the voter (parent, grandparent, spouse, child or sibling), it is a Class A ballot for a person to witness more than one application for ballot by mail.

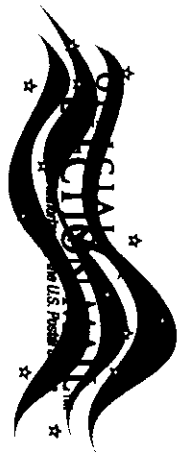
If you are unable to sign your name (due to a physical disability or illiteracy), the ballot may be signed at Box #11 for you by a Witness. You must affix your mark to the Ballot Box #10 or, if you are unable to make a mark, then the Witness must check the box in 11 indicating the inability to make a mark. The Witness must state his/her relationship to you on the ballot and indicate his/her relationship to you or, if unrelated, state that fact. The Witness must sign and provide his or her printed name and residence address. Unless the Witness is a close relative of the voter (parent, grandparent, spouse, child or sibling), it is a Class A ballot for a person to witness more than one application for ballot by mail.

For further questions or need additional assistance, please contact the Early Voting Clerk or The Secretary of State's office at 1-800-252-8683 or www.sos.state.tx.us.

FROM: _____

TO: EARLY VOTING CLERK

DO NOT REMOVE PERFORATED TABS. Moistens tab and fold top to bottom to seal.



AFFIX FIRST CLASS POSTAGE