

Application for Ballot by Mail

Prescribed by the Office of the Secretary of State of Texas
 VOID #, County Election Precinct #,
 A5-14e2.IN3.06/10
 Statement of Residence, etc.

Instructions for certain fields of this application can be found on the back of this form.

1	Last Name (Please print information) Suffix (Jr., Sr., III, etc.) First Name	Middle Initial
2	Residence Address: See back of this application for clarification. City	Zip Code
3	Mail my ballot to: If mailing address differs from residence address, please complete Box # 7. City	State , TX Zip Code

4 **Date of Birth (mm/dd/yyyy)**
/ /

5 a **Uniform Election Dates (Select the applicable election)**
 May Election Any Resulting Runoff
 November Election Other

5 b **Primary Election**
 Select one or both.
 March Primary Democratic
 Resulting Primary Runoff Republican

6 **Reason for Voting by Mail**
 Check one or more.

65 years of age or older.
 Disability.
 Expected absence from the county.
Be sure to complete Box # 8
 Confinement in jail.

7 **If you are requesting this ballot be mailed to a different address (other than residence), indicate where the ballot will be mailed.**
 Mailing address as listed on my voter registration certificate Retirement center
 Nursing home assisted living facility, or long term care facility Address of the jail
 Hospital Relative; relationship
 Address outside the county (see Box #8)

9 "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 unable to sign, applicant must mark this box in presence of witness and proceed to Box #11b

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

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

11 a **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.

11 b **If applicant is unable to sign or mark Box # 9, 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.

11 c **Full Residence Address of Witness/Assistant (to include City/State/Zip)**
 Street Address
 Apt Number (if applicable)
 City
 State
 Zip

Witness Relationship to Applicant
 (Refer to Instructions on back for clarification)
 Signature of Witness /Assistant
 Printed Name of Witness/Assistant