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

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Application for a Ballot by Mail		form for you that a			noss (Assistant Bay Chalay		il ou fou this forms to the
If someone helps you complete this Early Voting Clerk, you must also ser	nd the original hardcopy to the Early	/ Voting Clerk. If you a	re faxi	ng or emailing this for	n on or near the deadline to	o apply for a	Ballot by Mail, you must
send the original hardcopy so that the fax or email image and the physical	I hard copy. Electronic signatures a	are not permitted. TH	e hari	DCOPY OF THIS APPLI	CATION MUST BE RECEIVED	D BY THE EAI	RLY VOTING CLERK AND
MEET ALL LEGALLY REQUIRED DEAL of registration or the office of the Te							
1. Voter Information: Please pr	int all information clearly and legib	bly			YOU MUST PROVIDE ONE	of the follo	wing numbers
					Texas Driver's License, Texas	s Personal Ide	ntification Number
Name:	First,	Middle		Suffix (Jr., Sr.)	or Election Identification Ce Department of Public Safety		
Residence Address as shown on you	r Voter Registration Certificate						
Address:	Apt. # (if any) City				If you do not have a Texas D		
Street Optional Information: Providing this			State		Identification Number or a Number, give the last 4 digit		
Optional mormation. Providing this		Jung Clerk, but not rec	<u>luneu.</u>		XXX-XX-		
Date of Birth:///					□ I have not been issued a Identification Number/Texa	Texas Driver's	License/Texas Personal
Email:		Tel. #:			Social Security Number		
2. Mail my Ballot to:							
My Residence Address (as listed on m Other Address Vau results the Other		fite and of the second	a la -1				
Other Address - You may use the Othe	er Audress line only if the other address	nus one of the categorie	s delow				
Address		Apt. # (if any	/)	City	Sta	te	Zip Code
My Other Address is: (Check one) The mailing address listed on my							
 Address Outside the County (vot Hospital, Nursing Home, Long-Te 	ers absent from the county) erm Care Facility, Retirement or Assisted	Living Center or a Relativ	/e				(Indicate Relationship)
	nent Facility or a Relative						(Indicate Relationship)
3. Reason For Voting by Mail:							
65 Years of Age or Older							
Disability (as defined in Texas Election place on Election Day without a likeli	n Code 82.002(a), see instructions on rev hood of needing personal assistance or o		ox, "I af	firm that I have a sickness	or physical condition that preve	ents me from a	appearing at the polling
Expected to give birth within three w		of injuring my fieatur.					
Expected Absence from the County (You may apply for a ballot for one election	ion and its resulting runc	off, if you	ur dates of absence from t	he county include both electior	ns)	
	t your out of county address:				to residence address:	/	/
Confined in Jail or Involuntary Civil Co	. , ,	allot for one election and	any res	sulting runoff)			
4. Send me a Ballot for the Follo	owing Elections:						
Annual Application Send me a ballot for all Elections in th					a tes on 🔲 May Election (not a primary runoff)		
only available for voters 65 and older	and voters with disabilities. You must se	must select a party if you Any Resulti			Iting Runoff Other Special Election: (Name or Date of Special Election, if known)		
	wish to vote in a primary. Select only one party's primary and its resulting runoff. Primary Election (even numbered years only) Primary Election (even nu						
	Resulting Runoff				Any Resulting Runoff		
. , , ,					nt from the county or confined in jail/civilly committed may only apply for		
Do Not Send me a Primary Ballot				one election and its res	ulting runoff.)		
5. Sign Here:	n in this application is true, and L	understand that givin	a falsa	information in this a	anlightion is a grime "		
"I certify that the information give	n in this application is true, and i u	understand that givin	ig talse	information in this a	oplication is a crime.		
X If applicant is unable to sign or make a m	park (in the presence of a witness) the w	vitness must complete th	o witho	ess portion in Roy 6 below	Date:	/	/
signature made with a pen and ink. Elec		viciess must complete tr					nicabove mast be an ongine
6. If someone helps you complete	e this form or mails, emails or fa	axes the form for you	u, that	person must compl	ete the section below.		
Instructions for Witnesses and Assistan				t he completed!			
Check one or both boxes below if you served as a Witness, an Assistant or both. All information below must be completed!							
□ 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: □ Assistant – If you assisted the applicant in completing this application in the applicant's presence or mailed/emailed/faxed the application on behalf of the applicant.							
Failure to complete this section is a Clas						(. ,
X					• • • • • • • • • • • • • • • • • • •		
Signature of Witness/Assistant			Printe	ed Name of Witness/Assista	nt		
Street Address		Apt. # (if an	/)	City	Sta	ite	Zip Code

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Este formulario está disponible en Español. Para conseguir la versión en Español favor llamar sin cargo al 1-800-252-8683 a la oficina del Secretario de Estado o la Secretaria de Votación Adelantada.

IT WAS RECEIVED BY FAX OR EMAIL.	an Annual ballot by mail. An Annual ballot by mail will provide you with a ballot for all the elections			
IF YOU FAX OR EMAIL THE APPLICATION YOU MUST ALSO PHYSICALLY SEND THE ORIGINAL TO THE FARLY VOTING CLERK SO THAT IT IS RECEIVED NO LATER THAN THE FOURTH BUSINESS DAY AFTER	רופאנים לפופרנ נחפי פופרנוסחנק) וסר שחוכה אסט ארפ אסףוואותן. אחס איז			
or 12:00 noon, whichever is later on the 11th day before Election Day.				
The fax or email must reach the Early Voting Clerk's office no later than the close of regular business.	an appeal of a felony conviction; (4) pending trial or appeal on a bailable offense for which release on bail before Election Day is unlikely or (5) you are involuntarily civilly committed.			
 By email – The application may be submitted via email. Please contact your Early Voting Clerk or the Secretary of State for email addresses. 	a term that ends on or after Election Day; (2) pending trial after denial of bail; (3) without bail pending			
unmbers.	and Safety Code, you must be legally eligible for Early Voting by Mail. At the time your early voting ballot application is submitted, you are either (1) confined in jail serving a misdemeanor sentence for			
carrier. • Fax Transmission – Please contact your Early Voting Clerk or the Secretary of State for fax	• If you choose Confined in Jail/Involuntary Civil Commitment under Chapter 841 of the Health			
• Common or Contract Carrier – The application may be submitted via a bona fide, for profit	early voting period after you submit your application. The ballot must be mailed to an address outside the county and you must provide the dates that you will be absent from the county.			
Clerk. • By Mail – The application may be submitted via the U.S. Postal Service.	Election Day and during the hours of early voting by personal appearance or the remainder of the			
• In-Person – Only the applicant may submit his or her own application to the Early Voting	 If you choose Expected Absence from the County, you must expect to be absent from the county on 			
The application must be submitted by one of the following methods:	 If you choose Confinement for Childbirth, you expect to give birth within three weeks before or after Election Day. 			
	Section 82.002(a) of the Texas Election Code.			
only to Annual Applications and only when there is an election within 60 days of the date the Annual Application was received by the Early Voting Clerk in the preceding year.	 If you choose 65 Years of Age or Older, you must turn 65 no later than Election Day. If you choose Disability, your disability must meet the definition of a disability as described in 			
application will be valid for all elections in the following calendar year. This 60 day rule applies	that best describes your reason for voting by mail.			
 If you submit an Annual Application (only available for voters 65 and older and voters with disabilities), within 60 days of an election that takes place in the following calendar year, your 	I he State of Texas requires that you provide a reason for voting by mail. Place a checkmark in the box			
but not later than the 11th day for the election in which you wish to vote. Annual Applications	address of the jail/commitment facility or a close relative. BOX 3:			
first preceding business day. An application may be submitted anytime in the calendar year	• If you are confined in jail or involuntarily civilly committed - Your ballot can be mailed to the			
Your application must be received by the Early Voting Clerk not later than the 11th day before Election Day. If the deadline falls on a weekend or holiday the deadline moves to the	 a hospital, nursing home, long-term care facility, retirement or assisted living facility or a relative. If you are absent from the county – Your ballot must be mailed to an address outside the county. 			
DEADLINE TO APPLY:	• If you are voting by mail because you are 65 or have a disability – Your ballot can be mailed to			
or her printed name and residence address. An assistant commits a Class A Misdemeanor if he or she provides assistance without providing the information required in Box 6.	mailed to a different location.			
on your behalf, the assistant must complete Box 6. The assistant must sign and provide his	Your ballot must be mailed to the address where you are registered to vote or the mailing address listed on your Voter Registration Certificate. There are some exceptions that allow you to have your ballot			
address) assists you in completing this application; or mails, faxes or emails this application	BOX 2:			
more than one Annual ballot by mail application in a calendar year. • Assistant – If a person (other than a close relative or person registered to vote at the same	voter registration record, preuse contact your record. required numbers to your voter registration record.			
to act as a witness for more than one application in each election or act as a witness for	numbers. If you have been issued one of the required numbers, but it is not associated with your voter registration record, please contact your local registrar to inquire about how to add one of the			
witness is not a relative, the witness must state that on the line provided. The witness must sign and provide his or her printed name and residence address. It is a Class B Misdemeanor	required numbers, check the box that says that you have not been issued one of the required			
unable to make your mark. The witness must state his or her relationship to you. If the	Number (NOT your VUID#). If you do not have one of the above mentioned numbers, you must provide the last 4 digits of your Social Security Number. If you have not been issued any of the			
• Witness – The witness must place a checkmark in the Witness Box indicating you were	Driver's License Number, Texas Personal Identification Number or Election Identification Certificate			
presence of the voter in order to act as a witness. BOX 6:	• Required Personal Information: You MUST provide one of the following mumbers: Texas			
illiteracy, the application may be signed for you by a witness. The witness must be in the	 Phone Number and Email Address: Providing your telephone number and email is not required but is extremely helpful to the Early Voting Clerk to clarify any information on this application. 			
BOX 5: Sign and date your application. If you are unable to sign because of a physical disability or	but it is not a requirement.			
Annual Application if your reason for voting by mail was 65 Years of Age or Older or Disability.	 Address: Give your full residence address as shown on your Voter Registration Certificate. VUID and Precinct Number: If you know your VUID and/or Precinct number, you may provide it, 			
application. If you do not select any elections in Box 4, your application will be considered an	.səmen			
other entities holding elections in which you are eligible to vote. This means that you may receive a ballot for those other elections in addition to the ballot you requested with this	 Ike 1r, 5r, or III. Date of Birth: Not a requirement but it is helpful to determine identity when voters have common 			
in a calendar year for which you are eligible. Your Annual Application may be forwarded to	• Name: Please give your full name as it was provided to the Voter Registrar and include any suffixes			
BOX & (CONTINUED)	BOX 1:			
	Instructions for Application for Ballot by Mail			

ΤΟ: ΕΑΡΥΥ ΛΟΤΙΝΘ CLERK



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APPLY FIRST CLASS MAIL POSTAGE HERE

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