

<b>Application for Ballot by Mail</b>		Prescribed by the Office of the Secretary of State of Texas A5-15e 12/13	For Official Use Only VUID #, County Election Precinct #, Statement of Residence, etc.																
<b>1</b>	Last Name (Please print information)	Suffix (Jr., Sr., III, etc)	First Name	Middle Initial															
<b>2</b>	Residence Address: See back of this application for instructions.	City		,TX	Zip Code														
<b>3</b>	Mail my ballot to: If mailing address differs from residence address, please complete Box # 7.	City		State	Zip Code														
<b>4</b>	Date of Birth (mm/dd/yyyy) (Optional) <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>																		
<b>5</b>	<b>Reason for Voting by Mail:</b> <input type="checkbox"/> 65 years of age or older. <b>(Complete Box #6a)</b>  <input type="checkbox"/> Disability. <b>(Complete Box #6a)</b>  <input type="checkbox"/> Expected absence from the county. <b>(Complete Box #6b)</b> <b>Be sure to complete Box #8</b>  <input type="checkbox"/> Confinement in jail. <b>(Complete Box #6b)</b>		<b>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.</b>  <input type="checkbox"/> Mailing Address as listed on my voter registration certificate <span style="float: right;"><input type="checkbox"/> Address of the jail</span> <input type="checkbox"/> Nursing home, assisted living facility, or long term care facility <span style="float: right;"><input type="checkbox"/> Relative; relationship _____</span> <input type="checkbox"/> Hospital <span style="float: right;"><input type="checkbox"/> Address outside the county (see Box #8)</span> <input type="checkbox"/> Retirement Center																
<b>6a</b>	<b>ONLY Voters 65 Years of Age or Older or Voters with a Disability:</b> If applying for one election, select appropriate box. If applying once for all county elections in the calendar year, select "Annual Application."  <input type="checkbox"/> Annual Application  <table style="width:100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <u>Uniform and Other Elections:</u>  <input type="checkbox"/> May Election  <input type="checkbox"/> November Election  <input type="checkbox"/> Other _____   <input type="checkbox"/> Any Resulting Runoff                 </td> <td style="width: 50%; vertical-align: top;"> <u>Primary Elections:</u>                  You must declare <u>one</u> political party to vote in a primary:  <input type="checkbox"/> Democratic Primary  <input type="checkbox"/> Republican Primary             </td> </tr> </table>		<u>Uniform and Other Elections:</u> <input type="checkbox"/> May Election <input type="checkbox"/> November Election <input type="checkbox"/> Other _____  <input type="checkbox"/> Any Resulting Runoff	<u>Primary Elections:</u> You must declare <u>one</u> political party to vote in a primary: <input type="checkbox"/> Democratic Primary <input type="checkbox"/> Republican Primary	<b>8 If you selected "expected absence from the county," see reverse for instructions</b>  <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> Date you can begin to receive mail at this address      Date of return to residence address														
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		<b>9 Contact Information (Optional)*</b> Please list phone number <u>and/or</u> email address: * Used in case our office has questions.																	
<b>6b</b>	<b>ONLY Voters Absent from County or Voters Confined in Jail:</b> You may only apply for a ballot by mail for one election, and any resulting runoff. Please select the appropriate box.  <table style="width:100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <u>Uniform and Other Elections:</u>  <input type="checkbox"/> May Election  <input type="checkbox"/> November Election  <input type="checkbox"/> Other _____   <input type="checkbox"/> Any Resulting Runoff                 </td> <td style="width: 50%; vertical-align: top;"> <u>Primary Elections:</u>                  You must declare <u>one</u> political party to vote in a primary:  <input type="checkbox"/> Democratic Primary  <input type="checkbox"/> Republican Primary             </td> </tr> </table>		<u>Uniform and Other Elections:</u> <input type="checkbox"/> May Election <input type="checkbox"/> November Election <input type="checkbox"/> Other _____  <input type="checkbox"/> Any Resulting Runoff	<u>Primary Elections:</u> You must declare <u>one</u> political party to vote in a primary: <input type="checkbox"/> Democratic Primary <input type="checkbox"/> Republican Primary	<b>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."</b>  <div style="border: 2px solid black; padding: 10px; text-align: center; font-size: 2em; font-weight: bold;">                 X             </div> 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.														
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<b>If someone helped you to complete this form or mails the form for you, then that person must complete the sections below.</b>																			
<b>11a</b>	If applicant is unable to mark Box # 10, the witness shall check this box. <input type="checkbox"/>  Failure to complete this information is a Class A misdemeanor if signature was witnessed or applicant was assisted in completing the application.  <table style="width:100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>X</b> _____                      Signature of Witness /Assistant                       Street Address _____ Apt Number (if applicable) _____                      State _____                 </td> <td style="width: 50%; vertical-align: top;"> <b>X</b> _____                      Printed Name of Witness/Assistant                       City _____                      Zip _____                 </td> </tr> </table>		<b>X</b> _____ Signature of Witness /Assistant  Street Address _____ Apt Number (if applicable) _____ State _____	<b>X</b> _____ Printed Name of Witness/Assistant  City _____ Zip _____	<b>11b</b> See back for Witness and Assistant definitions.  <input type="checkbox"/> If you are acting as a <b>Witness</b> , please check this box. <input type="checkbox"/> If you are acting as an <b>Assistant</b> , please check this box. * If you are acting as <b>Witness and Assistant</b> , please check <b>both</b> boxes.  <b>Witness' Relationship to Applicant</b> (Refer to Instructions on back for clarification) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>														
<b>X</b> _____ Signature of Witness /Assistant  Street Address _____ Apt Number (if applicable) _____ State _____	<b>X</b> _____ Printed Name of Witness/Assistant  City _____ Zip _____																		

Este formulario está disponible en Español. Para conseguir la versión en Español favor de llamar sin cargo al 1.800.252.8683 a la oficina del Secretario de Estado o la Secretaria de Votación por Adelantado.

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

FROM:

Vertical lines for address information.

### Instructions for Application for Ballot by Mail

**Residence Address** - Give full address as shown on your voter registration certificate. If you have moved within the county but not yet changed your voter registration address with the voter registrar, indicate your new residence address.

**Mail Ballot To** - Give full address where you wish to have ballot mailed, if the address is different from your residence address.

**Mailing Ballot to a Different Address** - Your ballot must be mailed to your home where you live or to your mailing address on your voter registration certificate. There are some exceptions that allow you to have your ballot mailed to a different location as specified below.

Reason for voting by mail	Location to mail ballot
65 or disabled	Nursing home, assisted living/retirement center, relative, hospital
In jail	Address of jail or relative
Absent from county	Address located outside of county

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

**Annual Application** - If you are 65 years of age or older, or disabled you may apply to receive all ballots by mail for a calendar year. Please note this application will only apply to elections held by the county. If you do not select any elections in Box 6a, your application will be considered an Annual Application.

#### Submitting Application

**1. Sign and date your application** - If unable to sign, please go to Witness/Address boxes (11a-11b on reverse) and have a person witness your mark. Witness/Assistant instructions follow below.

**2. Deliver to Early Voting Clerk** - You may submit your application via these methods:

**In Person:** Only the applicant may submit their application in person to the Early Voting Clerk **until** the early voting period begins. However, after the early voting period begins for an election, the applicant may only submit their application via mail, fax or common contract carrier.

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

**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.

**By Common Contract Carrier:** You may submit via a common or contract carrier which is a bona fide, for profit carrier.

**Deadline** Your application **must be received** by the early voting clerk of the local entity conducting the election **not later than the 9th day before election day.** If the 9th day is a weekend or holiday, the deadline is the first preceding business day. For a Tuesday election, the deadline usually falls on the preceding Friday (11th day).  
-If you are voting by mail because you are 65 years of age or older or are disabled **and** are submitting an Annual Application for county elections, you may submit an application throughout the calendar year, beginning January 1. Please remember that the application must be received not later than the 9th day before the first election you seek to vote by mail.  
-If you are voting by mail for any reason, and are not submitting an Annual Application, you cannot submit the application the Early Voting Clerk **until the 60th day before the election.**

#### Witness/Assistant Section

**Witness:** If you are unable to sign your name (due to a physical disability or illiteracy), the application may be signed at Box #11a for you by a Witness. You must affix your mark to the application in Box #10 or, if you are unable to make a mark, then the Witness must check the appropriate box in 11a indicating the inability to make a mark. The Witness must state his/her name in printed form 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 B misdemeanor for a person to witness more than one application for ballot by mail.

**Assistant:** If a person (other than a close relative or person registered to vote at the same address) assists you in completing this application in your presence or mails/faxes this application on your behalf, then that person must check the "Assistant box." The Assistant must sign, provide his or her printed name, and his or her residence address. A person commits a Class A misdemeanor if the person provides assistance without providing the information described above unless a close relative or registered at your address.

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



**AFFIX LABEL HERE OR ADDRESS TO: EARLY VOTING CLERK**

**AFFIX FIRST CLASS POSTAGE**