

# Texas application for a ballot by mail

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llamar sin cargo al 1-800-252-8683.

## 1. Voter information Provide your full legal name.

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Suffix (Sr., Jr.) \_\_\_\_\_

The rest of the information in this section is helpful to the Early Voting Clerk, but not required.

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of birth (mm/dd/yyyy) \_\_\_\_\_ Voter Unique Identifier # \_\_\_\_\_ Precinct # \_\_\_\_\_

## 2. Identification You must provide one of the following numbers. We recommend you provide both numbers.

Texas Driver's License, Texas Personal Identification Number or Election Identification Certificate Number issued by the Department of Public Safety (Not your voter registration VUID #)

XXXXXXXXXX

Or

If you do not have a Texas Driver's License, Texas Personal Identification Number or a Texas Election Identification Certificate Number, give the last 4 digits of your Social Security Number

XXX-XX-XXXX

Or

I have not been issued a Texas Driver's License/Texas Personal Identification Number/Texas Election Identification Certificate or Social Security Number.

## 3. Residence address The address as shown on your Voter Registration Certificate.

Street \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State TX Zip \_\_\_\_\_

## 4. Mailing address This is where we will send your ballot.

- Same as residential address in section 3
- Other address - You may use the Other Address line only if the other address fits one of the categories below.
- The mailing address listed on my Voter Registration Certificate
  - Address outside the County (voters absent from the county)
  - Address of the Jail/Civil Commitment Facility or a Relative (Indicate relationship)
  - Hospital, Nursing Home, Long-Term Care Facility, Retirement or Assisted Living Center or a Relative (Indicate relationship)

Street \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## 5. Reason for voting by mail

- 65 years of age or older on or before Election Day
- Disability (as defined in Texas Election Code 82.002(a), see instructions on reverse) By checking this box, "I affirm that I have a sickness or physical condition that prevents me from appearing at the polling place on Election Day without a likelihood of needing personal assistance or of injuring my health."
- Expected to give birth within three weeks before or after Election Day.
- 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).
- Date you can begin to receive mail at your out of county address \_\_\_\_\_ Date of return to residence \_\_\_\_\_
- Confined in jail or involuntary civil commitment (You may only apply for a ballot for one election and any resulting runoff)

## 6. Send me ballots for the following elections

### Send me a ballot for these elections

- November Election  May Election (not a primary runoff)
- Any resulting runoff  Other Special Election  
(Name or date of Special Election, if known) \_\_\_\_\_

- Annual application - Only for voters 65 and older and voters with disabilities
- Or Send me a ballot for all elections in this voting year (January - December).

### Primary Election (Even numbered years only)

- Democratic Primary  Republican Primary  Any resulting runoff  Do not send me a Primary ballot

## 7. Assistant or Witness If someone helps you complete or return this form, they must complete this section. Check all boxes that apply.

- Assistant - If you assisted the applicant in completing this application in the applicant's presence or returned the application on behalf of the applicant.
- If the applicant is unable to make a mark, you must check this box and complete all information below. Do not sign in Section 8.
- 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. (Indicate relationship) \_\_\_\_\_

### Assistant or Witness, sign here

X

Printed name of Assistant or Witness \_\_\_\_\_

Street \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## 8. Voter signature You must sign with a pen. No electronic signatures allowed.

I certify that the information given in this application is true, and I understand that giving false information in this application is a crime.

### Voter, sign and date here

X

Date (mm/dd/yyyy) \_\_\_\_\_

