Application for a Ballot by Mail

If someone helps you complete this form or mails, emails or faxes this form for you, that person must complete the Witness/Assistant Box 6 below. If you email or fax this form to the Early Voting Clerk, you must also send the original hardcopy to the Early Voting Clerk. If you are faxing or emailing this form on or near the deadline to apply for a Ballot by Mail, you must send the original hardcopy so that the Clerk receives it no later than the fourth business day after the day the Clerk received your email or fax. Original signatures are required on both the fax or email image and the physical hard copy. Electronic signatures are not permitted. THE HARDCOPY OF THIS APPLICATION MUST BE RECEIVED BY THE EARLY VOTING CLERK AND MEET ALL LEGALLY REQUIRED DEADLINES. Please read the instructions on the back of this form completely. If you have any questions, please call the Early Voting Clerk in your county of registration or the office of the Texas Secretary of State at 1-800-252-8683 or log on to www.sos.texas.gov for a list of County Early Voting Clerks and their email and physical addresses.

1. Voter Information: Please print all information clearly and legibly

<table>
<thead>
<tr>
<th>Name:</th>
<th>Last, First, Middle, Suffix (Jr., Sr.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence Address as shown on your Voter Registration Certificate</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>Street Apt. # (if any) City State Zip Code</td>
</tr>
<tr>
<td>Optional Information: Providing this information is helpful to the Early Voting Clerk, but not required.</td>
<td></td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>/ / VUID:</td>
</tr>
<tr>
<td>Email:</td>
<td>Tel. #:</td>
</tr>
</tbody>
</table>

2. Mail my Ballot to:

- [ ] My Residence Address (as listed on my Voter Registration Certificate)
- [ ] Other Address - You may use the Other Address line only if the other address fits one of the categories below.

<table>
<thead>
<tr>
<th>Address:</th>
<th>Apt. # (if any)</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Other Address is:</td>
<td>(Check one)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
- [ ] The mailing address listed on my Voter Registration Certificate
- [ ] Address Outside the County (voters absent from the county)
- [ ] Hospital, Nursing Home, Long-Term Care Facility, Retirement or Assisted Living Center or a Relative (Indicate Relationship)
- [ ] Address of the Jail/Civil Commitment Facility or a Relative (Indicate Relationship)

3. Reason For Voting by Mail:

- [ ] 65 Years of Age or Older
- [ ] 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 address: | / / |
- [ ] Confined in Jail or Involuntary Civil Commitment (you may only apply for a ballot for one election and any resulting runoff)

4. Send me a Ballot for the Following Elections:

<table>
<thead>
<tr>
<th>Uniform Election Dates</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>November Election</td>
<td>May Election (not a primary runoff)</td>
</tr>
<tr>
<td>Any Resulting Runoff</td>
<td>Any Special Election: (Name or Date of Special Election, if known)</td>
</tr>
<tr>
<td>Primary Election (even numbered years only)</td>
<td></td>
</tr>
</tbody>
</table>
- [ ] Democratic Primary
- [ ] Republican Primary
- [ ] Do Not Send me a Primary Ballot
- [ ] Any Resulting Runoff

5. Sign Here:

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

X  Date: / / 

6. If someone helps you complete this form or mails, emails or faxes the form for you, that person must complete the section below.

Instructions for Witnesses and Assistants: See back of this form for the definitions of Witness and Assistant.

Check one or both boxes below if you served as a Witness, an Assistant or both. All information below must be completed.

- [ ] If the applicant is unable to make a mark (in the presence of a witness), the witness must complete the witness portion in Box 6 below. The signature or mark of the voter in the blank above must be an original signature made with a pen and ink. Electronic signatures are not permitted.

- [ ] 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 Class A Misdemeanor if applicant’s signature was witnessed or applicant was assisted in completing this application.

X  Date: / / 

| Signature of Witness/Assistant |
| Printed Name of Witness/Assistant |
| Street Address Apt. # (if any) City State Zip Code |

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 a la Secretaria de Votación Adelantada.
Instructions for Application for Ballot by Mail

Your application must be received by the Early Voting Clerk before Election Day. If the deadline falls on a weekend or holiday, the deadline moves to the first preceding business day. An application may be submitted anytime in the calendar year.

Your application must include your full name, residence address, date of birth, driver’s license number, Texas personal identification number, or election identification certificate number. If you have not been issued one of the required numbers, check the box that says you have not been issued one of the required numbers. If you have been issued one of the required numbers, but it is not associated with your voter registration record, you must provide the last four digits of your Social Security number. If you have not been issued any of the required numbers, check the box that says you have not been issued one of the required numbers.

You must provide one of the following numbers: Driver’s license number, Texas personal identification number, or election identification certificate number. If you do not have one of the above mentioned numbers, you must provide the last four digits of your Social Security number. If you have been issued one of the required numbers, but it is not associated with your voter registration record, you must provide the required numbers to your voter registration record.

Provide your telephone number and email, which is extremely helpful to the Early Voting Clerk to clarify any information on this application.

If you are absent from the county, you may request an Annual Application. An Annual Application will provide you with a ballot for all the elections in the following calendar year. This 60-day rule applies 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 are voting by mail because you are 65 or have a disability, complete Box 2. Your ballot must be mailed to the address where you are registered to vote or the mailing address listed on your Voter Registration Certificate.

If you are absent from the county, you may request an Annual Application. An Annual Application will provide you with a ballot for all the elections in the following calendar year. This 60-day rule applies 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 are voting by mail because you are 65 or have a disability, complete Box 2. Your ballot must be mailed to the address where you are registered to vote or the mailing address listed on your Voter Registration Certificate.

Please select the election(s) for which you are applying. If you are voting by mail because you are 65 or have a disability, complete Box 2. Your ballot must be mailed to the address where you are registered to vote or the mailing address listed on your Voter Registration Certificate.

If you are voting by mail because you are 65 or have a disability, complete Box 2. Your ballot must be mailed to the address where you are registered to vote or the mailing address listed on your Voter Registration Certificate.

Please select the election(s) for which you are applying. If you are voting by mail because you are 65 or have a disability, complete Box 2. Your ballot must be mailed to the address where you are registered to vote or the mailing address listed on your Voter Registration Certificate.

If you are voting by mail because you are 65 or have a disability, complete Box 2. Your ballot must be mailed to the address where you are registered to vote or the mailing address listed on your Voter Registration Certificate.

Please select the election(s) for which you are applying. If you are voting by mail because you are 65 or have a disability, complete Box 2. Your ballot must be mailed to the address where you are registered to vote or the mailing address listed on your Voter Registration Certificate.

If you are voting by mail because you are 65 or have a disability, complete Box 2. Your ballot must be mailed to the address where you are registered to vote or the mailing address listed on your Voter Registration Certificate.

Please select the election(s) for which you are applying. If you are voting by mail because you are 65 or have a disability, complete Box 2. Your ballot must be mailed to the address where you are registered to vote or the mailing address listed on your Voter Registration Certificate.

If you are voting by mail because you are 65 or have a disability, complete Box 2. Your ballot must be mailed to the address where you are registered to vote or the mailing address listed on your Voter Registration Certificate.

Please select the election(s) for which you are applying. If you are voting by mail because you are 65 or have a disability, complete Box 2. Your ballot must be mailed to the address where you are registered to vote or the mailing address listed on your Voter Registration Certificate.

If you are voting by mail because you are 65 or have a disability, complete Box 2. Your ballot must be mailed to the address where you are registered to vote or the mailing address listed on your Voter Registration Certificate.

Please select the election(s) for which you are applying. If you are voting by mail because you are 65 or have a disability, complete Box 2. Your ballot must be mailed to the address where you are registered to vote or the mailing address listed on your Voter Registration Certificate.

If you are voting by mail because you are 65 or have a disability, complete Box 2. Your ballot must be mailed to the address where you are registered to vote or the mailing address listed on your Voter Registration Certificate.