

Application for Ballot by Mail

Prescribed by the Office of the Secretary of State of Texas
A5-14e2.IN3.06/10

For Official Use Only
VUID #, County Election Precinct #,
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

4	Date of Birth (mm/dd/yyyy)	You may complete only ONE application for each election; check appropriate boxes in 5a OR 5b.		
	<input type="text"/> / <input type="text"/> / <input type="text"/>	5 a Uniform Election Dates (Select the applicable election)	5 b Primary Election Select one or both.	You must declare <u>one</u> political party to vote in a primary.
6	Reason for Voting by Mail Check one or more.	<input type="checkbox"/> May Election	<input type="checkbox"/> Any Resulting Runoff	<input type="checkbox"/> Democratic
	<input type="checkbox"/> 65 years of age or older.	<input type="checkbox"/> November Election	<input type="checkbox"/> Other _____	<input type="checkbox"/> Republican
	<input type="checkbox"/> Disability.	7	If you are requesting this ballot be mailed to a different address (other than residence), indicate where the ballot will be mailed.	8
	<input type="checkbox"/> Expected absence from the county. Be sure to complete Box # 8	<input type="checkbox"/> Mailing address as listed on my voter registration certificate	<input type="checkbox"/> Retirement center	If you selected "expected absence from the county," see reverse for instructions.
	<input type="checkbox"/> Confinement in jail.	<input type="checkbox"/> Nursing home, assisted living facility, or long term care facility	<input type="checkbox"/> Address of the jail	<input type="text"/> / <input type="text"/> / <input type="text"/>
		<input type="checkbox"/> Hospital	<input type="checkbox"/> Relative; relationship _____	Date you can receive mail at this address
			<input type="checkbox"/> 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."	10	Contact Information (Optional)* Please list phone number <u>or</u> email address: * Used in case our office has questions.
	<p>→ SIGN HERE If unable to sign, applicant must mark this box in presence of witness and proceed to Box #11b</p> <div style="border: 1px solid black; width: 100px; height: 40px; display: flex; align-items: center; justify-content: center; font-size: 2em; font-weight: bold;">X</div> <p>Signature or Mark of Applicant. If making a mark, see Box #11b.</p>		

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.	11 b	If applicant is unable to sign or mark Box # 9, the witness shall check this box. <input type="checkbox"/>	11 c	Full Residence Address of Witness/Assistant (to include City/State/Zip)
	<input type="checkbox"/> If you are acting as a Witness , please 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.		Street Address _____ Apt Number (if applicable) _____
	<input type="checkbox"/> If you are acting as an Assistant , please check this box.		X _____ Signature of Witness /Assistant		City _____
	* If you are acting as Witness and Assistant , please check <u>both</u> boxes.		X _____ Printed Name of Witness/Assistant		State _____ Zip _____
	Witness Relationship to Applicant (Refer to Instructions on back for clarification)				