PRINT ALL INFORMATION CLEARLY AND LEGIBLY. THEN, FOLD AND MOISTEN SHUT TO SEAL.

TEXAS APPLICATION FOR BALLOT BY MAIL

Voter information

Failure to provide your voter registration number, voter registration precinct number, or telephone number does not invalidate this application

1

Last Name | First Name | Middle Name (if any) | Suffix (Jr., Sr., III)

Residence Address (Number and Street) | Apt/Unit

City | State | Zip Code

Optional Information: Providing this information is helpful to the Early Voting Clerk if needed to clarify any information on this application and/or your voted mail ballot.

VUID Number | Voter Registration Precinct Number

Telephone Number | Email Address

Date of Birth (mm/dd/yyyy) ☐☐/☐☐/☐☐☐☐

You must provide one of the following numbers

Texas Driver's License (TX DL), Texas Identification (TX ID) Card, or Election Identification Certificate (EIC) number:

☐☐☐☐☐☐☐☐

I have not been issued a TX DL, TX ID, or EIC number, and the last four digits of my Social Security Number are:

XXX - XX - ☐☐☐☐

☐ I have not been issued a TX DL, TX ID, EIC, or Social Security Number

Where to mail my ballot

Select one option

2

An address from my voter registration certificate

☐ My residence address

☐ My mailing address

OR

Another address that fits one of the categories below

Number and Street | Apt/Unit | City | State | Zip Code

☐ Hospital, nursing home, long-term care facility, retirement center, assisted living facility, or a close relative (state your relationship) _____

☐ Jail, civil commitment facility, or a close relative (state your relationship) _____

☐ Other address outside the county

Reason for applying and ballots requested

**Primary elections take place in even-numbered years only*

3

My reason for voting by mail

☐ 65 years of age or older

☐ Disability – 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 injuring my health," as defined in Texas Election Code 82.002(a).

Send me a ballot for the following elections

☐ *Annual Application* – I want to receive a ballot for all elections in this voting year. I qualify because I am 65 years of age or older, or have a disability.

I would like to vote in a primary election* for the following party and any resulting runoff:

☐ Democratic Primary ☐ Any resulting runoff

☐ Republican Primary ☐ Any resulting runoff

☐ Do not send me a ballot for a primary election

OR

My reason for voting by mail

☐ Expected to give birth within three weeks before or after Election Day

☐ Confined in jail or involuntarily civilly committed

☐ Expected absence from the county – The dates during which I can receive mail at the address outside of the county are:

_____/_____/_____ to _____/_____/_____

Send me a ballot for the following elections

☐ May Election

☐ November Election

☐ Any resulting runoff

☐ Special Election (name or date, if known) _____

I would like to vote in a primary election* for the following party and any resulting runoff:

☐ Democratic Primary ☐ Any resulting runoff

☐ Republican Primary ☐ Any resulting runoff

Applicant, sign here

4

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

The box below requires your original signature signed in ink. A witness must complete Section 5 if you are unable to sign and you make a mark instead of a signature, or you are unable to sign or make a mark.

X _____

Date (mm/dd/yyyy) ☐☐/☐☐/☐☐☐☐

Witness and/or assistant, sign here

For definition of witness and assistant, see the application instructions

5

☐ Check this box and complete this section if the applicant is unable to make a mark in Section 4. Do not sign for the voter in Section 4.

☐ **Witness** – Check this box if you witnessed the applicant make a mark or the applicant could not sign in Section 4 and you are signing on his or her behalf. Do not sign for the voter in Section 4. State your relationship to the applicant below and complete this section.

_____

☐ **Assistant** – Check this box and complete this section if you assisted the applicant in filling out this application in his or her presence or submitted on his or her behalf (by mail, email, or fax).

Printed name of witness or assistant

Residence Address | Apt/Unit | City | State | Zip Code

Failure to complete this section is a Class A Misdemeanor if applicant's signature or mark was witnessed or applicant was assisted in completing this application.

Signature of witness or assistant

X _____

Print Reset

HOW TO COMPLETE YOUR TEXAS APPLICATION FOR BALLOT BY MAIL

Section 1 – Voter information
Print your **legal name** (include suffix) and **residence address**. *Optional Information*: Failure to provide your **voter registration number, voter registration precinct number**, or **telephone number** does not invalidate your application. However, providing this information, as well as your **date of birth** and **email address**, is helpful to the Early Voting Clerk to clarify any information on this application and/or your voted mail ballot. Please check your voter registration before submitting your application. Changing your voter registration address after submitting an application could result in your ballot being rejected. You must provide your Texas Driver's License, Texas Identification Card, or Election Identification Certificate number. If you have not been issued one of these numbers, provide the last four digits of your Social Security Number. If you have not been issued any of these required numbers, check the relevant box.

Section 2 – Where to mail my ballot
Your ballot will be mailed to your residence or mailing address unless you qualify for one of these exceptions: (1) **65 years of age or older, or have a disability** – Your ballot can be mailed to a hospital, nursing home, long-term care facility, retirement center, assisted living facility, or a close relative (state relationship); (2) **Confined in jail or involuntarily civilly committed** – Your ballot can be mailed to a jail, facility, or a close relative (state relationship); or (3) **Expected absence from the county** – Your ballot must be mailed to an address outside the county if you expect to be out of the county on Election Day and during any remaining period of Early Voting by personal appearance after you submit your application.

Section 3 – Reason for applying and ballots requested
Check the box that best describes your reason for voting by mail: (1) **65 years of age or older**; (2) **Disability**; (3) **Expected to give birth within three weeks before or after Election Day**; (4) **Confined in jail or involuntarily civilly committed**; or (5) **Expected absence from the county**. Then, below the reason you selected, check the relevant box(es) for the election(s) you want to receive a ballot for.

Section 4 – Applicant, sign here
The boxes require your original signature signed and dated in ink. A witness must complete

FOLD HERE SECOND AND MOISTEN SHUT TO SEAL.

Section 4 (continued)
Section 5 if you are unable to sign and you make a mark instead of a signature, or you are unable to sign or make a mark.

Section 5 – Witness and/or assistant, sign here

- Check the relevant box and complete this section if the applicant is unable to make a mark in Section 4. Do not sign for the voter in Section 4.
- **Witness** – Check the relevant box if you witnessed the applicant make a mark or the applicant could not sign in Section 4 and you are signing on his or her behalf. Do not sign for the voter in Section 4. State your relationship to the applicant and complete this section. Acting as a witness for more than one applicant for an annual application for ballot by mail in the same calendar year is a *Class B Misdemeanor,* unless you are related to the applicants as a parent, grandparent, spouse, child, or sibling.
- **Assistant** – Check the relevant box and complete this section if you assisted the applicant in filling out this application in his or her presence or submitted on his or her behalf (by mail, email, or fax). Providing assistance without disclosing the information required in this section is a *Class A Misdemeanor.*

Submitting your application
Acceptable methods include: (1) **In-person** delivery by the voter to your Early Voting Clerk; (2) **By mail** (U.S. Postal Service); (3) **Common or contract carrier** (via a bona fide, for-profit carrier); or (4) **By email or fax**, but only if this original hard copy is received by mail within *four business days* of its initial submission. Call your Early Voting Clerk, the Secretary of State, or scan the QR code for the email address or fax number.

Deadline to apply
Your application must be received by your Early Voting Clerk by the *11th day before Election Day*. If that day is a weekend or holiday, the deadline moves to the preceding business day.

SEE THE ATTACHED DOCUMENT FOR ADDITIONAL INSTRUCTIONS

FOLD HERE FIRST.

FROM: _____

_____

_____

APPLY FIRST CLASS MAIL POSTAGE HERE

OFFICIAL ELECTION MAIL
Authorized by the U.S. Postal Service

TO: EARLY VOTING CLERK

PO BOX 787

LLANO, TX 78643