

Texas application for a ballot by mail

Para conseguir la versión en Español
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 #)

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-

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) _____

Texas application for a ballot by mail instructions

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Vote by mail

With this form, you can apply for mail ballots for 1 calendar year.

Contact Information

Call 1-800-252-8683.

Visit sos.texas.gov.

Find your County contact information at sos.state.tx.us/elections/voter/county.shtml.

How to return this form

Return your completed and signed form to your Early Voting Clerk. You can:

- **Drop it off** in person. Only the applicant may drop it off in person.
- **Send it** by USPS or a bona fide, for profit carrier.
- **Fax or Email it.** Call your Early Voting Clerk for contact information.

If you fax or email this application, you must also send the original to the Early Voting Clerk within 4 days.

Deadlines to apply

Your application must be received 11 days or more before Election Day. If the deadline falls on a weekend or holiday, the deadline becomes the last business day before the weekend or holiday.

If you request an Annual Application within 60 days of an election that takes place in the following calendar year, your application will be valid for all elections in the following calendar year.

1. Voter information

Give your full name. Your name must match the one you gave when you registered to vote. Include any suffixes like Jr., Sr., or III.

2. Your identification

You must give at least one number in this section. We recommend you give both numbers.

3-4. Your addresses

Your residence address is where you live. Your residence address must match the address that you gave when you registered to vote.

We will send your ballot to your residence address or the mailing address you gave when you registered to vote. There are some exceptions that allow you to receive your ballot at a different address:

- **If you are 65 or older or have a disability**, we can mail your ballot to a hospital, nursing home, long-term care facility, retirement or assisted living facility or a relative.
- **If you are absent from the county**, you must give a mailing address outside of the county.
- **If you are confined in jail or involuntarily civilly committed**, we can mail your ballot to the address of the jail or commitment facility or a relative.

5. Reason for voting by mail

To vote by mail in Texas, you must have a valid reason. Check the box that best describes your reason for voting by mail.

- **If you choose disability**, you must have a sickness or physical condition that prevents you from voting in person without injuring your health or needing assistance.
- **If you choose expected absence from the county**, you must expect to be personally absent from the county on Election Day and during early voting.
- **If you choose confined in jail or involuntary civil commitment**, you must be one of the following:
 - Confined in jail serving a misdemeanor sentence for a term that ends on or after Election Day
 - Pending trial after denial of bail
 - Without bail pending an appeal of a felony conviction
 - Pending trial or appeal on a bailable offense for which release on bail before Election Day is unlikely
 - You are involuntarily civilly committed.

6. Choose your elections

Choose the elections that you are applying to vote by mail in. If you are 65 or older or have a disability, you can check the box that says Annual Application to receive ballots for all elections until the end of the calendar year.

7. Assistant or Witness

If somebody helped you complete or return this application, they are your assistant. If your assistant is somebody besides a close relative or somebody who is registered to vote at your address, they must complete this section.

If you are unable to sign or make your mark, a witness must complete this section. If your witness is not a relative, they must state their relationship to you.

8. Your signature

You must sign and date with a pen. If you are unable to sign because of a physical disability or illiteracy, your witness must sign for you in Section 7.

▼ Fold this paper in thirds and tape it so that this side is facing out ▼

Your address



MARY ANN GONZALEZ
COUNTY & DISTRICT CLERK
DRAWER 580
ELDORADO, TEXAS 76936