

# 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.

<b>1</b> Last Name (Please print information)	Suffix (Jr., Sr., III, etc)	First Name	Middle Initial
<b>2</b> Residence Address: See back of this application for clarification.		City	, TX Zip Code
<b>3</b> Mail my ballot to: If mailing address differs from residence address, please complete Box # 7.		City	State Zip Code

**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"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>5 a</b> Uniform Election Dates (Select the applicable election) <input type="checkbox"/> May Election <input type="checkbox"/> November Election <input type="checkbox"/> Any Resulting Runoff <input type="checkbox"/> Other _____	<b>5 b</b> Primary Election (Select one or both.) <input type="checkbox"/> March Primary <input type="checkbox"/> Resulting Primary Runoff You must declare <u>one</u> political party to vote in a primary. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican
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<b>6</b> Reason for Voting by Mail (Check one or more.) <input type="checkbox"/> 65 years of age or older. <input type="checkbox"/> Disability. <input type="checkbox"/> Expected absence from the county. <b>Be sure to complete Box # 8</b> <input type="checkbox"/> Confinement in jail.	<b>7</b> If you are requesting this ballot be mailed to a different address (other than residence), indicate where the ballot will be mailed. <input type="checkbox"/> Mailing address as listed on my voter registration certificate <input type="checkbox"/> Nursing home, assisted living facility, or long term care facility <input type="checkbox"/> Hospital <input type="checkbox"/> Retirement center <input type="checkbox"/> Address of the jail <input type="checkbox"/> Relative; relationship _____ <input type="checkbox"/> Address outside the county (see Box #8)	<b>8</b> If you selected "expected absence from the county," see reverse for instructions. <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date you can receive mail at this address
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<b>9</b> "I certify that the information given in this application is true, and I understand that giving false information in this application is a crime." <b>SIGN HERE</b> If unable to sign, applicant must mark this box in presence of witness and proceed to Box #11b	<b>X</b> Signature or Mark of Applicant. If making a mark, see Box #11b.	<b>10</b> Contact Information (Optional)* Please list phone number or email address: * Used in case our office has questions.
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If someone helped you to complete this form or mails the form for you, then that person must complete the section below.

<b>11 a</b> See back for Witness and Assistant definitions. <input type="checkbox"/> If you are acting as a Witness, please check this box. <input type="checkbox"/> If you are acting as an Assistant, please check this box. * If you are acting as <b>Witness and Assistant</b> , please check <b>both</b> boxes. Witness Relationship to Applicant (Refer to Instructions on back for clarification)	<b>11 b</b> If applicant is unable to sign or mark Box # 9, the witness shall check this box. <input type="checkbox"/> Failure to complete this information is a Class A misdemeanor if signature was witnessed or applicant was assisted in completing the application. <b>X</b> Signature of Witness /Assistant <b>X</b> Printed Name of Witness/Assistant	<b>11 c</b> Full Residence Address of Witness/Assistant (to include City/State/Zip) Street Address Apt Number (if applicable) City State Zip
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# Instructions for Application for Ballot by Mail

DO NOT REMOVE PERFORATED TABS. Moistens tab and fold top to bottom to seal.

FROM:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Residence Address** - Give full address as shown on your voter registration certificate. If you have moved within the county but not yet changed your voter registration address with the voter registrar, indicate your new residence address.

**Mail Ballot To** - Give full address where you wish to have ballot mailed, if the address is different from your residence address.

**Mailing Ballot to a Different Address** - Your ballot must be mailed to your home where you live or to your mailing address on your voter registration certificate. There are some exceptions that allow you to have your ballot mailed to a different location as specified below.

Reason for voting by mail	Location to mail ballot
65 or disabled	Nursing home, assisted living/retirement center, relative, hospital
In jail	Address of jail or relative
Absent from county	Address located outside of county

**Expected Absence from County** - If you chose expected absence from county, you must expect to be absent from the county on election day and during the hours of early voting in person or for the remainder of the early voting period after you submit your application. **Your ballot must be mailed to an address outside the county.** Important: Give date you can receive mail at the address given. If an application is submitted after early voting in person has begun, this application must be submitted to your early voting clerk by mail or common/contract carrier. An application may be faxed if outside the county.

**Deadline** Your application must be received by the early voting clerk of the local entity conducting the election not earlier than the 60th day and not later than the 7th day before election day. If the 7th day is a weekend or holiday, the deadline is the first preceding business day. For a Saturday election, the deadline usually falls on the preceding Friday (8th day).

**Sign and date your application** - If unable to sign, please go to Witness/Address boxes (11a-11c on reverse) and have a person witness your mark. Witness/Assistant Instructions follow.

### Witness/Assistant Section

**Witness:** If you are unable to sign your name (due to a physical disability or illiteracy), the application may be signed at Box #11b for you by a Witness. You must affix your mark to the application in Box #9 or, if you are unable to make a mark, then the Witness must check the appropriate box in 11b indicating the inability to make a mark. The Witness must state his/her name in printed form and indicate his/her relationship to you or, if unrelated, state that fact. The Witness must sign and provide his or her printed name and residence address. Unless the Witness is a close relative of the voter (parent, grandparent, spouse, child or sibling), it is a Class B misdemeanor for a person to witness more than one application for ballot by mail.

**Assistant:** If a person (other than a close relative or person registered to vote at the same address) assists you in completing this application in your presence or mails this application on your behalf, then that person must check the "Assistant box." The Assistant must sign, provide his or her printed name, and his or her residence address. A person commits a Class A misdemeanor if the person provides assistance without providing the information described above unless a close relative or registered at your address.

If you have further questions or need additional assistance, please contact your Early Voting Clerk or The Secretary of State's office at 1-800-252-8683 or [www.sos.state.tx.us](http://www.sos.state.tx.us).

**AFFIX LABEL HERE OR ADDRESS  
TO: EARLY VOTING CLERK**



**AFFIX FIRST  
CLASS  
POSTAGE**