A	pplication for Ballot by Mail Prescribed	by the Office of the Secretary of State of Texas A5-15 12/17 For Official Use Only VIID #, County Elect Statement of Reside			ion Precinct #, nce, etc.		
1	Last Name (Please print information)	Suffix (Jr., Sr., III, etc)	First Name				Middle Initial
2	Residence Address: See back of this application for instructions.	•	City			,TX	ZIP Code
3	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) (Optional)	Contact Information (Optio Please list phone number <u>and</u> * Used in case our office has qu	<u>d/or</u> email add	lress:			
5	Reason for Voting by Mail: 65 years of age or older. (Complete Box #6a)	If you are requesting this ballot be mailed to a different address (other than residence), indicate wher will be mailed. See reverse for instructions.					where the ballot
	Disability. (Complete Box #6a)	Mailing Address as listed on my voter registration certificate					
	Expected absence from the county. (Complete Box #6b and Box #8)	Nursing home, assisted living facility, or long term care facility ☐ Relative; relationship					
	You will receive a ballot for the upcoming election only	☐ Hospital ☐ Address outside the county (see Box #8)					
	Confinement in jail. (Complete Box #6b) You will receive a ballot for the upcoming election only	Retirement Center					
6a	ONLY Voters 65 Years of Age or Older or Voters with a Disability: If applying for one election, select appropriate box. If applying once for elections in the calendar year, select "Annual Application." Annual Application Uniform and Other Elections: Primary Elections:	8 If you selected "exp			Date of return to r		
	May Election You must declare one political party to vote in a primary:	9 Voters may submit a completed, signed, and scanne			ed application to the Early Voting Clerk at:		
	November Election Democratic Primary Other Denything Primary	(early voting clerk's e	mail address	<u> </u>	(early voting	clerk's fax)	
	Republican Primary Any Resulting Runoff	NOTE: If you fax or e-mail this form, please be aware that you must a business days. See "Submitting Application" on the back of this form			ou must also mail the fo	st also <u>mail</u> the form to the early voting clerk within four	
6b	ONLY Voters Absent from County or Voters Confined in Jail: You may only apply for a ballot by mail for one election, and any resulting runoff. Please select the appropriate box.	"I certify that the inf in this application is		en in this application	is true, and I understan	d that giving false	information
	Uniform and Other Elections: May Election Primary Elections: You must declare one political party to vote in a primary:	→ X				Date	
	□ November Election □ Democratic Primary □ Other □ □ Penulbican Primary	SIGN HERE		-1			
	☐ Republican Primary ☐ Any Resulting Runoff	Ifapplicant is unable t mark in the presence	of a witness				
Any Resulting Runoff witness shall complete Box #11. If someone helped you to complete this form or mails the form for you, then that person must complete the sections below.							
11	See back for Witness and Assistant definitions.	mano the form for you, t	non mat po	roon must complet	e the sections belov	··	
If applicant is unable to mark Box #10 and you are acting as a Witness to that fact, please check this box and sign below.							_
	If you assisted the applicant in completing this application in the applicant's presence or e-maile	or e-mailed/mailed or faxed the application on behalf of the applicant, please of			check this box as an Ass	istant and sign bel	ow.
	★ If you are acting as Witness and Assistant, please check both boxes. Failure to complete this information is a Class A misdemeanor if signature was witnessed or applicant was assisted in completing the application.						
	X Simple and Miller on Manifester	X	intent				
	Signature of Witness /Assistant	Printed Name of Witness/Assistant Witness' Relationship to Applicant					icant
	Street Address Apt Number (if applicable)	City			(Refer to Instru	uctions on back fo	or clarification)
	Chata	ZID Code					
	State	ZIP Code					

Este formulario está disponible en Español. Para conseguir la version en Español favor de llamar sin cargo al 1.800.252.8683 a la oficina del Secretario de Estado o la Secretaria de Votación por Adelantado.