

Application for Ballot by Mail

Prescribed by the Office of the Secretary of State of Texas
AS-15 12/17
For Official Use Only
VUID #: County Election Precinct #
Statement of Residence, etc.

173711

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	City	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)

[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
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5 Reason for Voting by Mail:

65 years of age or older. (Complete Box #6a)

Disability. (Complete Box #6a)

Expected absence from the county. (Complete Box #6b and Box #9)

You will receive a ballot for the upcoming election only

Confinement in jail. (Complete Box #6b)

You will receive a ballot for the upcoming election only

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:

May Election

November Election

Other _____

Any Resulting Runoff

Primary Elections:

You must declare one political party to vote in a primary:

Democratic Primary

Republican Primary

7 If you are requesting this ballot be mailed to a different address (other than residence), indicate where the ballot will be mailed. See reverse for instructions.

Mailing Address as listed on my voter registration certificate

Nursing home, assisted living facility, or long term care facility

Hospital

Retirement Center

Address of the jail

Relative, relationship _____

Address outside the county (see Box #8)

8 If you selected "expected absence from the county," see reverse for instructions

Date you can begin to receive mail at this address

[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

Date of return to residence address

[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
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9 Voters may submit a completed, signed, and scanned application to the Early Voting Clerk at:

(early voting clerk's e-mail address) _____ (early voting clerk's fax) _____

NOTE: If you fax or e-mail this form, please be aware that you must also mail the form to the early voting clerk within four business days. See "Submitting Application" on the back of this form for additional information.

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

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.

Uniform and Other Elections:

May Election

November Election

Other _____

Any Resulting Runoff

Primary Elections:

You must declare one political party to vote in a primary:

Democratic Primary

Republican Primary

11 See back for Witness and Assistant definitions.

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-mailed/mailed or faxed the application on behalf of the applicant, please check this box as an Assistant and sign below.

*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 Signature of Witness/Assistant _____

Street Address _____ Apt Number (if applicable) _____

State _____

X Printed Name of Witness/Assistant _____

City _____ ZIP Code _____

Witness' Relationship to Applicant _____
(Refer to Instructions on back for clarification)

If someone helped you to complete this form or mails the form for you, then that person must complete the sections below.

→ **X** _____ Date

SIGN HERE
If applicant is unable to sign or make a mark in the presence of a witness, the witness shall complete Box #11.