TEXAS APPLICATION FOR BALLOT BY MAIL

Voter information

1

LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME (IF ANY): _____

RESIDENCE ADDRESS: _____

_____

CITY: _____

STATE: _____

ZIP CODE: _____

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) _____

☐ Other address outside the county

Reason for applying and ballot requested

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).

☐ 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 election

☒ November Election

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

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 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

Complete this application, sign and date, and mail to:
Dallas County Elections ATTN: Early Voting Clerk
1520 Round Table Dr, Dallas TX 75247