

<b>Texas Voter Registration Application</b>	For Official Use Only
VR17.11E13	

Please mail this application to:

**REGISTRAR OF VOTERS  
P.O. BOX 3527  
HOUSTON , TX 77253-3527**

1

**Application Type:** \_\_\_ New \_\_\_ Change \_\_\_ Replacement

Are you a United States Citizen? ..... Yes

Are you interested in serving as an election worker? ..... No

Continue below to complete application.

<b>2 Last Name</b>	<b>First Name</b>	<b>Middle Name (If Any)</b>	<b>Former Name</b>		
<b>3 Residence Address:</b> Street Address and Apartment Number. <small>If none, describe where you live. (Do not include P.O. Box, Rural Rt. or Business Address)</small>		<b>City</b>	<b>County</b> HARRIS	<b>State</b> TX	<b>Zip Code</b>
<b>4 Mailing Address:</b> Street Address and Apartment Number (If mail cannot be delivered to your residence address.)			<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>5 Date of Birth:</b> (mm/dd/yyyy)	<b>6 Gender</b> (Optional)	<b>7 Telephone Number, Include Area Code</b> (Optional)			

<b>8 TX Driver's License No. or Texas Personal I.D. No.</b> <small>(Issued by the Department of Public Safety)</small>	<b>If no TX Driver's License or Personal Identification, give last four digits of your Social Security Number</b>
---	---

I have not been issued a TX Driver's License/Personal Identification Number or Social Security Number.

**9 I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law. Conviction of this crime may result in imprisonment up to 180 days, a fine up to \$2,000, or both. Please read all three statements to affirm before signing.**

- I am a resident of this county and U.S. Citizen;
- I have not been finally convicted of a felony, or if a felon, I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and
- I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote.

X

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

**Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date.**