

**APPLICATION FOR BALLOT BY MAIL: COMPLETE ALL INFORMATION, READ INSTRUCTIONS VERY CAREFULLY, PRINT OR TYPE**

<p><b>VOTER REGISTRATION INFORMATION</b></p> <p>Name _____</p> <p>Residence Address Where Registered to Vote, Include City, State, and Zip (if you will not have your ballot mailed to you at this address, see instructions at end of this form) _____</p> <p>County Election Precinct Number* _____ *Optional</p> <p>Voter Registration Number* _____ *Optional</p> <p>Year of Birth* _____ *Optional</p> <p>Telephone Number* _____ *Optional</p> <p>Type and Date of Election _____ Party Preference (Primary Election Only) _____</p> <p>Check here for ballots for both the main election and runoff if applicable <input type="checkbox"/></p> <p>MAIL, MY BALLOT TO (if not residence address) (include street address, P.O. Box number, apartment number as applicable, city, state, and zip) _____</p> <p><small>Este formulario está disponible en Español. Para conseguir la versión en Español favor de llamar sin cargo 1.800.252.8683 o la oficina del Secretario de Estado o la Secretaría de Educación por teléfono.</small></p>	<p><b>REASON FOR VOTING BY MAIL. YOU MUST CHECK ONE</b></p> <p>1. _____ 65 years of age or older</p> <p>2. _____ Disability</p> <p>3. _____ Confinement in jail</p> <p>4. _____ Expected absence from the county.</p> <p>In order to check #4 as the reason for voting by mail, you must expect to be absent from the county on election day and during the period of early voting by personal appearance or for the remainder of the period after you submit your application. YOUR BALLOT MUST BE MAILED TO AN ADDRESS OUTSIDE THE COUNTY. GIVE DATE YOU CAN RECEIVE MAIL AT THE ADDRESS GIVEN. Date: _____</p> <p>If an application is submitted AFTER early voting in person has begun, this application MUST be submitted to your early voting clerk from an address or by fax machine from outside of the county.</p> <p><b>SPECIAL INSTRUCTIONS FOR HAVING YOUR BALLOT MAILED TO YOU</b></p> <p>If you checked 65 years of age or older or disability as the reason to vote by mail, and you are requesting that the ballot be mailed to an address other than your permanent residence, indicate the type of address to which the ballot will be mailed from the list below:</p> <p>1. _____ Mailing address as listed on my voter registration certificate</p> <p>2. _____ Hospital</p> <p>3. _____ Nursing home or long-term care facility</p> <p>4. _____ Retirement center</p> <p>5. _____ Relative; Indicate relationship _____</p> <p>6. _____ Address of the jail</p> <p>7. _____ Address outside the county</p>	<p><b>FOR WITNESS and/or ASSISTANT:</b></p> <p>Applicant, if unable to sign, shall make mark in presence of witness, if applicant is unable to make mark, the witness shall check here <input type="checkbox"/></p> <p>Failure to complete this information if signature was witnessed or applicant was assisted in completing the application is a Class A misdemeanor.</p> <p>Signature of Witness/Assistant _____ Print Full Name of Witness/Assistant _____</p> <p>Residence Address of Witness/Assistant or Title of Witness/Assistant If an Election Official _____</p> <p><small>See Instructions for Clarification</small></p> <p>Relationship to Applicant of Witness/Assistant (Check one: <input type="checkbox"/> parent, <input type="checkbox"/> grandparent, <input type="checkbox"/> spouse, <input type="checkbox"/> child, <input type="checkbox"/> sibling, <input type="checkbox"/> other, <input type="checkbox"/> reside at same address as applicant)</p>	<p><b>CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE, AND I UNDERSTAND THAT GIVING FALSE INFORMATION IN THIS APPLICATION IS A CRIME.</b></p>
		<p><b>SIGN HERE ▶</b></p>	<p><b>SIGNATURE OF APPLICANT</b></p>



**FROM:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**TO:**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

For additional information call the Secretary of State at 1.800.252.8683 or the local early voting clerk. Para más información, llame al Secretario de Estado al 1.800.252.8683 o contacte con la Oficina de Atención Postal de la Secretaría de Condado en su localidad.

**INSTRUCTIONS FOR APPLICATION FOR  
BALLOT BY MAIL**

1. **Name-** Print name as you are registered to vote.
2. **Residence Address-** Give full address as shown on your voter registration certificate. If you have moved but not yet changed your voter registration address with the voter registrar, indicate your new residence address.
3. **Instructions for having your ballot mailed:** Balloting materials must be mailed to your residence address or the mailing address indicated on your voter registration application. Exceptions to this general rule include:

- Voting by reason of 65 years of age or older or disability, the mailing address may be a hospital, nursing home or long-term care facility or retirement center, or the address of a person related to you by the 2nd degree by affinity or 3rd degree by consanguinity, if you are temporarily living at that address. Relatives include: parent, child, brother, sister, grandparent, grandchild, great-grandchild, great-grandparent, uncle, aunt, nephew, niece, spouse, spouse's parent, son-in-law, daughter-in-law, brother's spouse, sister's spouse, spouse's brother, spouse's sister, spouse's grandparent.
- Voter has moved, but failed to change address with the voter registrar and is having a ballot mailed to the new residence. The early voting clerk will mail you a ballot and a statement of residence if your new address is still within the same county and political subdivision holding the election. You are required to return the statement with your ballot. The residence address or mailing address on the statement of residence must match the mailing address on the application for ballot by mail. If these two addresses do not match, your ballot will not be counted.
- If the reason for applying to vote by mail is confinement in jail, the address to mail your ballot must be either the jail or a relative as stated above.

4. **You may return your application in person\*, by mail, common or contract carrier or fax** (if fax is available in the clerk's office). If you use common or contract carrier, it must be a business for profit carrier and the primary business of which is transporting or delivering property for compensation. To be eligible to submit an application by fax, you must fax the application from outside the county. Improper delivery will cause the application for a mail ballot to be rejected.

\* If early voting in person has begun, you cannot submit your application by personal delivery to the clerk.

5. **SIGN YOUR APPLICATION-** If you cannot sign, you must have a person witness your mark. If a person helped you fill out this application, he/she must give their name and address in the box for witness and/or assistant.

In any single election, it is a Class B misdemeanor for any person to sign a ballot application as a witness for more than one applicant. A person may sign more than one application as a witness if the second and subsequent applications are related to the witness as parent, spouse, child, sibling, or grandparent.

6. **Deadline-** Your application must be received by the early voting clerk 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.

AFFIX FIRST CLASS  
POSTAGE  
(PEGUE SELLO  
DE CORREO DE  
PRIMERA CLASE)



(Perforated - tear off on this line before mailing)  
(Perforado - Separe en esta línea antes de echar al correo)

**FROM:** \_\_\_\_\_  
Name

\_\_\_\_\_ **Address**

\_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip**

Esther Arzola Fax: (361) 749-4101  
TO: EARLY VOTING CLERK

710 W. Avenue A  
Address  
Port Aransas, TX 78373-4128  
City State Zip