

Application for Ballot by Mail

Prescribed by the Office of the Secretary of State of Texas
AS-15e 12/13 For Official Use Only
UID #, County Election Precinct #,
Statement of Residence, etc.

1	Last Name (Please print information)	First Name	Middle Initial
2	Residence Address: See back of this application for instructions.	City	Zip Code
3	Mail my ballot to: If mailing address differs from residence address, please complete Box # 7.	City	State
4	Date of Birth (mm/dd/yyyy) (Optional)		Zip Code

5 Reason for Voting by Mail:

65 years of age or older. **(Complete Box #5a)**

Disability. **(Complete Box #5a)**

Expected absence from the county. **(Complete Box #5b)**

Be sure to complete Box #8

Confinement in jail. **(Complete Box #5b)**

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)

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 all county elections in the calendar year, select "Annual Application."

Annual Application

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

May Election

November Election

Other _____

Democratic Primary

Republican Primary

Any Resulting Runoff

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 _____


9 Contact Information (Optional)*

Please list phone number and/or email address:
* Used in case our office has questions.

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."

SIGN HERE

If applicant is unable to sign or make a mark in the presence of a witness, the witness shall complete Boxes #11a-b.



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.

Uniform and Other Elections:

May Election

November Election

Other _____

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

Democratic Primary

Republican Primary

Any Resulting Runoff

11a If someone helped you to complete this form or mails the form for you, then that person must complete the sections below.

If applicant is unable to mark Box # 10, the witness shall check this box.

Failure to complete this information is a Class A misdemeanor. If signature was witnessed or applicant was assisted in completing the application.

Signature of Witness / Assistant

Printed Name of Witness/Assistant _____

11b See back for Witness and Assistant definitions.

If you are acting as a Witness, please check this box.

If you are acting as an Assistant, please check this box.

*** If you are acting as Witness and Assistant, please check both boxes.**

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

Street Address _____ Apt Number (if applicable) _____

City _____ State _____ Zip _____