

DO NOT REMOVE PERFORATED TABS. Moisten here and fold bottom to top to seal.

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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.
1	Last Name (Please print information)	Suffix (Jr., Sr., III, etc)	First Name
2	Residence Address: See back of this application for instructions.		City, TX 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) <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	Contact Information (Optional)* Please list phone number and/or email address: * Used in case our office has questions.	
5	Reason for Voting by Mail: <input type="checkbox"/> 65 years of age or older. (Complete Box #6a) <input type="checkbox"/> Disability. (Complete Box #6a) <input type="checkbox"/> Expected absence from the county. (Complete Box #8b and Box #8) You will receive a ballot for the upcoming election only <input type="checkbox"/> Confinement in jail. (Complete Box #8b) You will receive a ballot for the upcoming election only	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. <input type="checkbox"/> Mailing Address as listed on my voter registration certificate <input type="checkbox"/> Nursing home, assisted living facility, or long term care facility <input type="checkbox"/> Hospital <input type="checkbox"/> Retirement Center <input type="checkbox"/> Address of the jail <input type="checkbox"/> Relative; relationship _____ <input type="checkbox"/> 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 elections in the calendar year, select "Annual Application." <input type="checkbox"/> Annual Application Uniform and Other Elections: <input type="checkbox"/> May Election <input type="checkbox"/> November Election <input type="checkbox"/> Other _____ <input type="checkbox"/> Any Resulting Runoff Primary Elections: You must declare one political party to vote in a primary: <input type="checkbox"/> Democratic Primary <input type="checkbox"/> Republican Primary	8 If you selected "expected absence from the county," see reverse for instructions <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> Date you can begin to receive mail at this address Date of return to residence address	
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: <input type="checkbox"/> May Election <input type="checkbox"/> November Election <input type="checkbox"/> Other _____ <input type="checkbox"/> Any Resulting Runoff Primary Elections: You must declare one political party to vote in a primary: <input type="checkbox"/> Democratic Primary <input type="checkbox"/> Republican Primary	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." <div style="display: flex; align-items: center; justify-content: center;"> <div style="font-size: 2em; margin-right: 10px;">→</div> <div style="border: 2px solid black; padding: 10px; text-align: center;"> <div style="font-size: 4em; margin-bottom: 5px;">X</div> <div style="border-top: 1px solid black; width: 100%;"></div> <div style="text-align: right; margin-top: 5px;">Date</div> </div> </div> SIGN HERE If applicant is unable to sign or make a mark in the presence of a witness, the witness shall complete Box #11.		
If someone helped you to complete this form or mails the form for you, then that person must complete the sections below.			
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. <input type="checkbox"/> 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. <input type="checkbox"/> * 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.		
	<input checked="" type="checkbox"/> Signature of Witness /Assistant Street Address Apt Number (if applicable) State	<input checked="" type="checkbox"/> Printed Name of Witness/Assistant City ZIP Code	Witness' Relationship to Applicant (Refer to Instructions on back for clarification)

Este formulario está disponible en Español. Para conseguir la versión en Español favor de llamar sin cargo al 1.800.252.8683 a la oficina del Secretario de Estado o la Secretaria de Votación por Adelantado.

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AFFIX FIRST CLASS POSTAGE

FROM: _____



TO: EARLY VOTING CLERK
INTERIM EARLY VOTING CLERK
JOSE SALVADOR TELLEZ
P O BOX 233
LAREDO, TEXAS 78042-0233

Instructions for Application for Ballot by Mail

Residence Address - Give full address as shown on your voter registration certificate. If you have moved within the county but not yet changed your voter registration address with the voter registrar, indicate your new residence address.

Mail Ballot To - Give full address where you wish to have ballot mailed, if the address is different from your residence address.

Mailing Ballot to a Different Address - Your ballot must be mailed to your home where you live or to your mailing address on your voter registration certificate. There are some exceptions that allow you to have your ballot mailed to a different location as specified below.

Reason for voting by mail 65 or disabled	Location to mail ballot Nursing home, assisted living/retirement center, relative, hospital
In jail	Address of jail or relative
Absent from county	Address located outside of county

Expected Absence from County - If you chose expected absence from county, you must expect to be absent from the county on election day and during the hours of early voting in person or for the remainder of the early voting period after you submit your application. **Your ballot must be mailed to an address outside the county.** Important: Give date you can begin to receive mail at the address given.

Annual Application - If you are 65 years of age or older, or disabled you may apply to receive all ballots by mail for a calendar year. If you do not select any elections in Box 6a, your application will be considered an Annual Application. If you submit an annual application for a ballot by mail, your application may be forwarded to other entities holding elections where you are a qualified voter. This means that you may receive a ballot for those elections in addition to the ballot(s) you requested with this application.

Submitting Application

1. Sign and date your application - If unable to sign, please go to Witness/Address boxes (11 on reverse) and have a person witness your mark. Witness/Assistant Instructions follow below.

2. Deliver to Early Voting Clerk - You may submit your application via these methods:

In Person: Only the applicant may submit their application in person to the Early Voting Clerk until the early voting period begins. However, after the early voting period begins for an election, the applicant may only submit their application via mail, common contract carrier, fax, or e-mail.

By Mail: You may mail your application via the U.S. Postal Service.

By Common Contract Carrier: You may submit via a common or contract carrier which is a bona fide, for profit carrier.

By Fax: You may fax your application to the Early Voting Clerk. Please contact your Early Voting Clerk or the Secretary of State's Office for fax numbers.

By E-Mail: You may e-mail a signed, scanned image of your application to the Early Voting Clerk.

Please contact your Early Voting Clerk or the Secretary of State's Office for e-mail addresses. **IF YOU FAX OR E-MAIL YOUR APPLICATION TO THE EARLY VOTING CLERK, YOU MUST ALSO MAIL THE APPLICATION SO THAT THE CLERK RECEIVES IT NO LATER THAN THE FOURTH BUSINESS DAY AFTER THE DAY THE CLERK RECEIVED YOUR FAXED OR EMAILED APPLICATION.** If you fax or e-mail your application by the deadline noted below, your application will be considered complete and timely as long as the original is received by the early voting clerk by the fourth business day after it was submitted by fax or e-mail.

Deadline

Your application must be received by the early voting clerk of the local entity conducting the election no later than the 11th day before election day. If the 11th day is a weekend or holiday, the deadline is the first preceding business day. You may submit an application throughout the calendar year, beginning January 1. Please remember that the application must be received not later than the 11th day before the first election in which you seek to vote by mail.

If you submit an Annual Application for Ballot by Mail within 60 days before an election that takes place in the following calendar year, your application will be valid for any election that takes place in the following calendar year, regardless of the fact that your application was submitted prior to the end of the preceding calendar year. This applies to Annual Applications only and not to a regular application for ballot by mail.

Witness/Assistant Section

Witness: If you are unable to sign your name (due to a physical disability or illiteracy), the application may be signed at Box #11 for you by a Witness. You must affix your mark to the application in Box #10 or, if you are unable to make a mark, then the Witness must check the appropriate box in 11 indicating the inability to make a mark. The Witness must state his/her name in printed form and indicate his/her relationship to you or, if unrelated, state that fact. The Witness must sign and provide his or her printed name and residence address. Unless the Witness is a close relative of the voter (parent, grandparent, spouse, child or sibling), it is a Class B misdemeanor for a person to witness more than one application for ballot by mail.

Assistant: If a person (other than a close relative or person registered to vote at the same address) assists you in completing this application in your presence or mails/faxes/e-mails this application on your behalf, then that person must complete Box #11. The Assistant must sign, provide his or her printed name, and his or her residence address. A person commits a Class A misdemeanor if the person provides assistance without providing the information described above unless a close relative or registered at your address.

If you have further questions or need additional assistance, please contact your Early Voting Clerk or The Secretary of State's office at 1-800-252-8683 or www.sos.state.tx.us.