

**AFFIX
FIRST CLASS
POSTAGE**

From: _____



**HC. KARA SANDS
 BI 97 9G7 CI BHM7 @F?
 P.O. BOX 2627
 CORPUS CHRISTI, TX 78403**

****Please be sure application is filled out completely
 if you have any questions you can contact us at
 Email: VoteByMail@nuecesco.com Phone: (361) 888-0385***

Instructions for Application for Ballot by Mail

Box #1: Please provide your legal name and residence address as listed on your Voter Registration Certificate. Providing optional information is extremely helpful to the Early Voting Clerk to clarify any information on this application. **You MUST provide one of the following numbers:** Texas Driver's License Number, Texas Personal Identification Number or Election Identification Certificate Number (NOT your VUID#). If you do not have one of the above mentioned numbers, you must provide the last 4 digits of your Social Security Number. If you have not been issued any of the required numbers, check the box that says that you have not been issued one of the required numbers. If you have been issued one of the required numbers, but it is not associated with your voter registration record, please contact your local registrar to inquire about how to add one of the required numbers to your voter registration record.

Box #2: Your ballot must be mailed to the address where you are registered to vote or to the mailing address on your voter registration certificate. **There are some exceptions that allow/require you to have your ballot mailed to a different location as specified below.**

Reason for voting by mail	Location to mail ballot
65 or disabled	Hospital, nursing home, long-term care facility, retirement/assisted living facility, or relative
In jail or involuntarily civilly committed	Address of jail, Civil Commitment facility, or relative
Absent from county	Address located outside of county (required)

Box #3: The State of Texas requires that you provide a reason for voting by mail. Mark the box that best describes your reason for voting by mail.

If you choose:

65 Years of Age or Older, you must turn 65 no later than Election Day.
Disability, your disability must meet the definition of a disability as described in Section 82.002(a) of the Texas Election Code.
Confinement for Childbirth, you must expect to give birth within 3 weeks before or after Election Day.
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 the

remainder of the early voting period after you submit your application. Your ballot must be mailed to an address outside the county and you must provide the dates that you will be absent from the county.

Confined in Jail/Involuntary Civil Commitment (under Health and Safety Code Chapter 841), you must be legally eligible for Early Voting by Mail. At the time your early voting ballot application is submitted, you are either (1) confined in jail serving a misdemeanor sentence for a term that ends on or after Election Day; (2) pending trial after denial of bail; (3) without bail pending an appeal of a felony conviction; (4) pending trial or appeal on a bailable offense for which release on bail before Election Day is unlikely or (5) you are involuntarily civilly committed.

Box #4: - 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 are eligible and do not select any elections, your application will be considered an Annual Application. If you are voting by mail due to being absent from the county, being confined for childbirth, or being in Jail/Civilly Committed you are only eligible to request a ballot for one election and its resulting runoff.

Box #5: Sign and date your application. If you are unable to sign because of a physical disability or illiteracy, the application may be signed for you by a witness in Box 6. The witness must be in the presence of the voter in order to act as a witness.

Box #6: Witness: If you are unable to sign your name, or make a mark, then the Witness must check the appropriate box. The Witness must 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 in each election or act as a witness for more than one annual ballot by mail application in a calendar year.

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/emails/faxes this application on your behalf, then that person must complete the Box 6. The Assistant must sign and provide his or her printed name and residence address. An assistant commits a Class A misdemeanor if he or she provides assistance without providing the information required in Box 6.

Submitting Application

You may submit your application to the Early Voting Clerk via these methods:

In Person: Only the applicant may submit their application in person to the Early Voting Clerk.

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

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

A faxed or emailed application containing a signature made with pen and ink must reach the Early Voting Clerk's office no later than the close of regular business or 12 noon (whichever is later) on the 11th day before Election Day. **IF YOU FAX OR E-MAIL YOUR APPLICATION, YOU MUST ALSO PHYSICALLY SEND THE ORIGINAL SO THAT IT IS RECEIVED BY THE EARLY VOTING CLERK NOT LATER THAN THE 4TH BUSINESS DAY AFTER IT WAS RECEIVED BY FAX OR EMAIL.**

Deadline

Your application must be received by the Early Voting Clerk not 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. An application may be submitted anytime in the calendar year but not later than the 11th day before the election in which you wish to vote.

If you submit an Annual Application (only available for voters 65 years of age or older and voters with disabilities), within 60 days of an election that takes place in the following calendar year, your application will be valid for all elections in the following calendar year. This 60 day rule applies only to Annual Applications and only when there is an election within 60 days of the date the Annual Application was received by the Early Voting Clerk in the preceding year.

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.

Este formulario está disponible en Español. Para conseguir la versión en Español favor llamar sin cargo al 1-800-252-8683 a la oficina del Secretario de Estado o la Secretaria de Votación Adelantada.

APPLICATION FOR BALLOT BY MAIL

1 Voter Information: (Please print)

Name: _____
Last, First M.I.

Residence Address: (as shown on your Voter Registration Certificate)

Address: _____

City, State, ZIP: _____

ID Number: (Required, New Law) (We strongly recommend putting both, if applicable)

Texas Driver's License, Texas Personal Identification Number or Election Identification Certificate
If you do not have the Identification Numbers listed to the left, give the last 4 digits of your Social Security Number

____ OR XXX-XX-____
 I have not been issued a Texas Driver's License/Texas Personal Identification Number/
Texas Election Identification Certificate or Social Security Number

Date of Birth: (Optional) ____/____/____

Contact Information: (Optional- recommended)

Email: _____ Phone: _____

VOID #: (if known) _____ Pct #: (if known) _____

2 Reason for Voting by Mail:

- 65 years of age or older
- Disability (as defined in Texas Election code 82.002(a) instructions on back) By checking this box, "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 of injuring my health."
- Expected to give birth within 3 weeks before or after Election Day
- Expected absence from the county (ballot must be mailed outside the county)
Date you can begin to receive mail at your out of county mailing address: ____/____/____ to ____/____/____
- Confined in jail or Involuntary Civil Commitment

3 Mail my ballot to:

- Residence Address (see above)
- Other Address:

Address: _____

City, State, ZIP: _____

This Other Address Is: (Must pick one. See back for instructions)

- Mailing Address as listed on my voter registration certificate
- Address outside the county
- Hospital, Nursing home, Long-Term Care Facility, Retirement or Assisted Living Center
- Address of the jail/ Civil Commitment Facility
- Relative; relationship: _____

If someone helps you complete this form mails or emails this form for you, that person must complete the Witness/Assistant section below. **The hardcopy of this application MUST be received by the Early Voting Clerk and meet all legally required deadlines.** Submit by mail or in person. All Annual Applications expire December 31st; a new application may be submitted on or after January 1st. If you fax or email this form, you must also mail the form and it must be received within 4 business days. See more information and instructions on back.

Email: VoteByMail@nuecesco.com

4 Ballot Requested for: Annual application only available if you are applying due to age or disability. All other voters may only request ONE election and its resulting runoff.

- Annual Application- All Elections This Year (Jan-Dec)
(Voters must also make a party selection in Even-Numbered years to receive Primary Ballots.)

Primary Election (Even-Numbered Years) Select only ONE party's primary

- Democratic Primary No Primary Ballot
- Republican Primary Primary Runoff

Uniform Election Dates

- May Election Other _____
- November Election Any Resulting Runoff

5 SIGN HERE (Ink signature required. Electronic signatures will be rejected.)

"I certify that the information given in this application is true, and I understand that giving false information in this application is a crime."



X _____ Date: _____

If applicant is unable to sign or make a mark (in the presence of a witness), the witness shall complete the information below.

6 Witness/Assistant- See back for definitions.

Check one, both, or all boxes and sign below if you served as a Witness, an Assistant, or both. Failure to complete this information is a Class A misdemeanor if signature was witnessed or applicant was assisted in completing this application.

- If the applicant is unable to make a mark, you must check this box and complete all information below. Do not sign for the voter in Box 5.
- Witness:** If you are witnessing the applicant's mark or signing on the applicant's behalf.
Witness' relationship to Applicant: _____
- Assistant:** If you assisted the applicant in completing this application in the applicant's presence or mailed/emailed/faxed the application on behalf of the applicant.

Name of Witness/Assistant: _____

Address of Witness/Assistant: _____

Signature of Witness/Assistant: **X** _____