Prescribed by the Office of the Secretary of State of Texas, AB-15e, 08/15

Application for Ballot by Mail

For Official Use Only
VUID #

Election Precinct #

1 **Last Name** (Please print information) | **Suffix** (Jr., Sr., III, etc.) | **First Name** | **Middle Initial**

2 **Residence Address** | **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)

5 **Reason for Voting by Mail**

☐ 65 years of age or older

☐ Disability

(↓Continue ↓)

☐ Expected absence from the county
If "Absent from County", ballot must be mailed outside the county.

☐ Confinement in jail

(↓Continue ↓)

6a **ONLY Voters 65 Years of Age or Older or Voters with a Disability:**

If applying once for all county elections in the calendar year, select "Annual Application."

☐ Annual Application

If applying for one election, select appropriate box.

☐ May Election ☐ November Election ☐ Other _____

☐ Any Resulting Runoff

6b **ONLY Voters Absent from County or Voters Confined in Jail:**

You will receive a ballot for the upcoming election **only.** You may only apply for a ballot by mail for one election, and any resulting runoff. Please select appropriate box.

☐ May Election ☐ November Election ☐ Other _____

☐ Any Resulting Runoff

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

☐ Democratic Primary ☐ Republican Primary ☐ Any Resulting Runoff

7 **If you are requesting this ballot be mailed to a different address (other than residence), indicate where the ballot will be mailed.**

☐ 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)

8 **If you selected "expected absence from the county," complete dates as needed:**

_____ -- _____

Date you can begin to receive mail at this address | **Date of return to residence address**

9 **Contact information: (OPTIONAL** – Used in case our office has questions**)** Please list phone number and/or email address.

Notice to Voter: Effective September 1, 2015, you may submit a completed, signed and scanned application to the early voting clerk at CClerkElections@brazoria-county.com

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

SIGN HERE ➡ **X** _____ **Date**_____

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 section below.

11

☐ If applicant is unable to mark Box #10 and you are acting as a **Witness** to the fact, please check this box and sign below.

☐ If you assisted the applicant in completing this application in the applicant's presence or emailed/mailed or faxed the application on behalf of the applicant, please check this box as an **Assistant** and sign below.

***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.

X _____ _____

Signature of Witness/Assistant | Printed Name of Witness/Assistant

_____ **Witness' Relationship to Applicant**

Street Address

_____

City | State | Zip