

DO NOT REMOVE PERFORATED TABS. PEEL TAPE HERE AND FOLD BOTTOM TO TOP TO SEAL.

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) _____ **First Name** _____ **Middle Initial** _____

2 **Residence Address:** See back of this application for instructions. **City** _____ **State** **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) _____

Contact Information (Optional)*
Please list phone number and/or email address:
* Used in case our office has questions.

5 **Reason for Voting by Mail:**

65 years of age or older. **(Complete Box #6a)**

Disability. **(Complete Box #6a)**

Expected absence from the county. **(Complete Box #6b and Box #8)**

You will receive a ballot for the upcoming election **only**

Confinement in jail. **(Complete Box #6b)**

You will receive a ballot for the upcoming election **only**

Mailing Address as listed on my voter registration certificate Address of the jail

Nursing home, assisted living facility, or long term care facility Relative; relationship _____

Hospital Address outside the county (see Box #8)

Retirement Center

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."

Annual Application

Uniform and Other Elections:

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

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

Voters may submit a completed, signed, and scanned application to the Early Voting Clerk at:
bham@rockwallcountytexas.com (972)204-6209
(early voting clerk's e-mail address) (early voting clerk's fax)

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 _____

Any Resulting Runoff


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

Democratic Primary

Republican Primary

Any Resulting Runoff

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."**

 **Date** _____

SIGN HERE
If applicant is unable to sign or make a mark in the presence of a witness, the witness shall complete Box #11.

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.

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.

* 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.

Signature of Witness /Assistant _____ Printed Name of Witness/Assistant _____

_____ City _____

_____ Apt Number (if applicable) _____

_____ State _____ ZIP Code _____

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