

Confidential Voter Registration Form and Early Voting Ballot Application

FOR ADDRESS CONFIDENTIALITY PROGRAM PARTICIPANTS ONLY

I REQUEST AN EARLY VOTING BALLOT FOR ALL ELECTIONS IN WHICH I AM ELIGIBLE TO VOTE AND THAT ARE CONDUCTED BY YOUR OFFICE. I UNDERSTAND THAT IF I WANT TO RECEIVE A BALLOT FROM AN ENTITY WHOSE ELECTION YOUR OFFICE IS NOT CONDUCTING, I MUST APPLY AT THE ENTITY'S OFFICE IN PERSON.

Use blue or black ink – please print clearly.

| | |
|---|----------------------|
| 1. Last Name (Include Suffix if any – Jr., Sr., III) | First Name |
| Middle Name (if any) | Former Name (if any) |

2. Confidential Mailing Address (Assigned by Office of the Texas Attorney General)

City: _____ State: TX _____ Zip: _____

| | | |
|---|---|---|
| 3. Texas Address Confidentiality Authorization Number (Assigned by Office of the Attorney General) | 4. Date of Birth (MM / DD / YYYY) <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> / <div style="border: 1px solid black; width: 30px; height: 30px;"></div> / <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> | 5. Gender (Optional) <input type="checkbox"/> Male <input type="checkbox"/> Female |
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6. Texas Driver's License Number or Texas Personal Identification Number or Election Identification Certificate Number (Issued by the Dept. of Public Safety) If no Texas Driver's License or Personal Identification Number or Election Identification Certificate Number, give last 4 digits of your Social Security Number.

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| <div style="display: flex; justify-content: space-between;"> <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 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> | XXX – XX – <div style="display: flex; justify-content: space-around; width: 100%;"> <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> |
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I have not been issued a Texas Driver's License, Personal Identification Card Number, Texas Election Identification Certificate Number or Social Security Number.

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| 7. Telephone (Optional) (<input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/>) <input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/> – <input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/> | Email Address (Optional) |
|--|--------------------------|

Optional Information: Providing your phone number and/or email may assist the Early Voting Clerk to notify you of any defects with your ballot application and/or Carrier Envelope that contains your voted ballot.

Party Preference (Primary Election Only) – Fill in ONE box

Republican Primary
 Democratic Primary
 Do Not Send Me a Primary Ballot

9. ACKNOWLEDGMENT OF CONFIDENTIAL STATUS

Initial here _____ to acknowledge your status as an address confidential program participant. "I swear or affirm that I am a certified participant or eligible household member of a certified participant in an address confidentiality program administered by the Texas Attorney General as described in Chapter 56, Texas Code of Criminal Procedure. I understand that by completing this application, it is my responsibility to cancel my voter registration in any county in which I may have been registered to vote, if my voter registration was not previously canceled. It is also my responsibility to cancel any confidential application for ballot by mail that was filed in a county of previous residence. I understand that I am requesting a ballot by mail for every election conducted by the early voting clerk within the boundaries of the territories in which I reside until my address confidential certificate expires (three (3) years after the application is submitted) or your office receives notice that I am no longer in the program or my ballot by mail has been returned as undeliverable, whichever occurs first."

(For Office Use Only)

Voter is qualified to vote in the following jurisdictions indicated by the verbal physical description of his or her residence:

| | | | |
|---------------|---------------|---------------|---------------|
| District Type | District Code | District Type | District Code |
| District Type | District Code | District Type | District Code |
| District Type | District Code | District Type | District Code |
| District Type | District Code | District Type | District Code |
| District Type | District Code | District Type | District Code |

If additional districts, attach list to form.
 Date Address Confidential Certificate expires: ____/____/____

10. I understand that giving false information to procure a voter registration is perjury and a crime under state and federal law. Conviction of this crime may result in imprisonment up to one year in jail, a fine up to \$4,000 or both. PLEASE READ ALL THREE STATEMENTS TO AFFIRM BEFORE SIGNING.

- I affirm that I
- am a resident of this county and U.S. Citizen;
 - have not been finally convicted of a felony or if a felon I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and
 - have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote.

X _____
 Signature of Applicant or Printed Name of Applicant if Signed by Witness
Check one or both boxes below if you served as a Witness or Assistant or both Assistant If you act as a Witness to the applicant's mark or sign on the applicant's behalf, you must state your relationship to the voter here _____

(Indicate Relationship)

Witnesses and Assistants must provide the following information:

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

Street Address _____ Apt.# _____ City _____
 State _____ Zip Code _____ Date ____/____/____