5-32 Prescribed by Secretary of State Section 102.002, 102.003 Texas Election Code 9/2023

## APPLICATION FOR EMERGENCY FARLY VOTING BALL OT DUE TO SICKNESS OR PHYSICAL DISABILITY

*All Information is required unless otherwise indicated					
Name and Residence					
			it must be associated mbers is not associat		registration record.
Texas Driver's License Number or Texas Personal Identification Card Number or Texas Election Identification Certificate Number issued by the Texas Department of Public Safety.		If you do not have a Texas Driver's License, Texas personal Identification Card or an Election Identification Certificate, give the last 4 digits of your Social Security Number		I have not been issued a Texas Driver's License Number or a Texas Personal Identification Number or an Election Identification Certificate Number or a Social Security Number	
Date of Election		Type of Election		Authority Conducting the Election	
Voter Registration VUID	# (if known)	County Election Pred	cinct # (if known)	Party Preference	(Primary Election Only)
Because of a sickness Application for a Ballo	• •	· ·	•		y to submit an
"I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE, AND I UNDERSTAND THAT GIVING FALSE INFORMATION IN THIS APPLICATION IS A CRIME."					
Signature of Voter					
For Witness: Applican his or her mark, the wi	_		n the presence of a wit Printed Nam		icant is unable to make
Residence Address of Witness			Relationship to Applicant		
Note to Witness: In an Deputy Early Voting Cl person may witness m parent, spouse, child, §	erk to sign as a witr ore than one applic	ness to the application if the second	on for a Ballot by Mail	for more than on	e applicant. However, a
		PHYSICIAN'	S CERTIFICATE		
/	e polling place for an sonal assistance or o	election to be held or f injuring his or her he	alth and that the sicknes	s or physical condi	that will prevent him or, 20, without a tion originated on or after
Witness my hand at		, Texas, this d	ay of	, 20	
Signature of Physician, C *The person signing this certifi					oractor or Practitioner
			AL USE ONLY		
Name of Representative:					
Residence Address of Representative:					

Signature of Representative:

Date of Birth of Representative: