

Please complete sections by printing LEGIBLY. If you have any questions about how to fill out this application, please call your local voter registrar. Please visit the Texas Secretary of State website, [www.sos.state.tx.us](http://www.sos.state.tx.us), and for additional election information visit [www.votetexas.gov](http://www.votetexas.gov). Este formulario está disponible en español. Favor de llamar a su registrador de votantes local para conseguir una versión en español.

**Qualifications**

- You must register to vote in the county in which you reside.
- You must be a citizen of the United States.
- You must be at least 17 years and 10 months old to register, and you must be 18 years of age by Election Day.
- You must not be finally convicted of a felony, or if you are a felon, you must have completed all of your punishment, including any term of incarceration, parole, supervision, period of probation, or you must have received a pardon.
- You must not have 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.

**1 THESE QUESTIONS MUST BE COMPLETED BEFORE PROCEEDING (Check one)**

New Application                       Change of Address, Name, or Other Information                       Request for a Replacement Card

Are you a United States Citizen?  Yes     No                      Will you be 18 years of age on or before election day?  Yes     No

**If you checked 'No' in response to either of the above, do not complete this form.**

Are you interested in serving as an election worker?  Yes     No

<b>2 Last Name</b> Include Suffix if any (Jr, Sr, III)	<b>First Name</b>	<b>Middle Name</b> (if any)	<b>Former Name</b> (if any)
<b>3 Residence Address:</b> Street Address and Apartment Number. If none, describe where you live. (Do not include P.O. Box, Rural Rt. or Business Address)	<b>City</b>		<b>TEXAS</b>
	<b>County</b>		<b>Zip Code</b>
<b>4 Mailing Address:</b> Street Address and Apartment Number. (If mail cannot be delivered to your residence address.)	<b>City</b>		<b>State</b>
			<b>Zip Code</b>

**5 City and County of Former Residence in Texas**

<b>6 Date of Birth:</b> (mm/dd/yyyy)	<b>7 Gender</b> (Optional)	<b>8 Telephone Number</b> (Optional) Include Area Code
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

<b>9 Texas Driver's License No. or Texas Personal I.D. No.</b> (Issued by the Department of Public Safety)	<b>If no Texas Driver's License or Personal Identification, give last 4 digits of your Social Security Number</b>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	XXX-XX- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> I have not been issued a Texas Driver's License/Personal Identification Number or Social Security Number.	

**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 am a resident of this county and a U.S. citizen;
- I 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
- I 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

Date: \_\_\_\_\_

Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date.

FOR VOLUNTEER DEPUTY REGISTRAR USE ONLY	
<b>Deputy Number</b>	Application must be delivered to Voter Registrar no later than <b>5 days</b> after receipt
_____	_____
Signature of Volunteer Deputy Registrar	Date

**REGISTRATION RECEIPT**

Name of Applicant/Applicant's Agent (if applicable)	Receipt No.:
Name of Volunteer Deputy Registrar	Deputy No.:
Signature of Volunteer Deputy Registrar	Date: