

Mail: Early Voting Clerk, P.O. Box 2450, Waco, TX 76703, Email: ballotbymail@co.mclennan.tx.us, Fax: (254) 757-5041. If you email or fax, you must also mail the form to our office and it must be received within 4 business days. Call (254) 757-5043 with questions.

Application for a Ballot by Mail

If someone helps you complete this form or mails, emails or faxes this form for you, that person must complete the Witness/Assistant Box 6 below. If you email or fax this form to the Early Voting Clerk, you must also send the original hardcopy to the Early Voting Clerk. If you are faxing or emailing this form on or near the deadline to apply for a Ballot by Mail, you must send the original hardcopy so that the Clerk receives it no later than the fourth business day after the day the Clerk received your email or fax. Original signatures are required on both the fax or email image and the physical hard copy. Electronic signatures are not permitted. THE HARDCOPY OF THIS APPLICATION MUST BE RECEIVED BY THE EARLY VOTING CLERK AND MEET ALL LEGALLY REQUIRED DEADLINES. Please read the instructions on the back of this form completely. If you have any questions, please call the Early Voting Clerk in your county of registration or the office of the Texas Secretary of State at 1-800-252-8683 or log on to www.sos.texas.gov for a list of County Early Voting Clerks and their email and physical addresses.

1. Voter Information: Please print all information clearly and legibly

YOU MUST PROVIDE ONE of the following numbers

Name: _____
Last, First, Middle, Suffix (Jr., Sr.)
Residence Address as shown on your Voter Registration Certificate
Address: _____
Street Apt. # (if any) City State Zip Code
Optional Information: Providing this information is helpful to the Early Voting Clerk, but not required.
Date of Birth: ____/____/____ VUID #: _____ Pct #: _____
Email: _____ Tel. #: _____

Texas Driver's License, Texas Personal Identification Number or Election Identification Certificate Number issued by the Department of Public Safety (NOT your voter registration VUID#)

If you do not have a Texas Driver's License, Texas Personal Identification Number or a Texas Election Identification Certificate Number, give the last 4 digits of your Social Security Number
X X X - X X - _____
 I have not been issued a Texas Driver's License/Texas Personal Identification Number/Texas Election Identification Certificate or Social Security Number

2. Mail my Ballot to:

My Residence Address (as listed on my Voter Registration Certificate)
 Other Address - You may use the Other Address line only if the other address fits one of the categories below.
Address _____ Apt. # (if any) _____ City _____ State _____ Zip Code _____
My Other Address is: (Check one)
 The mailing address listed on my Voter Registration Certificate
 Address Outside the County (voters absent from the county)
 Hospital, Nursing Home, Long-Term Care Facility, Retirement or Assisted Living Center or a Relative _____ (Indicate Relationship)
 Address of the Jail/Civil Commitment Facility or a Relative _____ (Indicate Relationship)

3. Reason For Voting by Mail:

65 Years of Age or Older
 Disability (as defined in Texas Election Code 82.002(a), see instructions on reverse) By checking this box, "I affirm that I have a sickness or physical condition that prevents me from appearing at the polling place on Election Day without a likelihood of needing personal assistance or of injuring my health."
 Expected to give birth within three weeks before or after Election Day
 Expected Absence from the County (You may apply for a ballot for one election and its resulting runoff, if your dates of absence from the county include both elections)
Date you can begin to receive mail at your out of county address: ____/____/____ Date of return to residence address: ____/____/____
 Confined in Jail or Involuntary Civil Commitment (You may only apply for a ballot for one election and any resulting runoff)

4. Send me a Ballot for the Following Elections:

Annual Application
Send me a ballot for all Elections in this voting year (January-- December) Annual Applications only available for voters 65 and older and voters with disabilities. You must select a party if you wish to vote in a primary. Select only one party's primary and its resulting runoff.
Primary Election (even numbered years only)
 Democratic Primary Any Resulting Runoff
 Republican Primary Any Resulting Runoff
 Do Not Send me a Primary Ballot
OR
Uniform Election Dates
 November Election May Election (not a primary runoff)
 Any Resulting Runoff Other Special Election: _____ (Name or Date of Special Election, if known)
Primary Election (even numbered years only)
 Democratic Primary Any Resulting Runoff
 Republican Primary Any Resulting Runoff
(Voters who are absent from the county or confined in jail/civily committed may only apply for one election and its resulting runoff)

5. Sign Here:

"I certify that the information given in this application is true, and I understand that giving false information in this application is a crime."
X _____ Date: ____/____/____
If applicant is unable to sign or make a mark (in the presence of a witness), the witness must complete the witness portion in Box 6 below. The signature or mark of the voter in the blank above must be an original signature made with a pen and ink. Electronic signatures are not permitted.

6. If someone helps you complete this form or mails, emails or faxes the form for you, that person must complete the section below.

Instructions for Witnesses and Assistants: See back of this form for the definitions of Witness and Assistant.
Check one or both boxes below if you served as a Witness, an Assistant or both. All information below must be completed!
 If the applicant is unable to make a mark, you must check this box and complete all information below. Do not sign for the voter in Box 5.
 Witness - If you are acting as a Witness to the applicant's signature or mark or signing on the applicant's behalf, you must state your relationship to the applicant here: _____ (Indicate Relationship)
 Assistant - If you assisted the applicant in completing this application in the applicant's presence or mailed/emailed/faxed the application on behalf of the applicant.
Failure to complete this section is a Class A Misdemeanor if applicant's signature was witnessed or applicant was assisted in completing this application.
X _____
Signature of Witness/Assistant Printed Name of Witness/Assistant

Street Address Apt. # (if any) City State Zip Code