

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 IS 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 THEIR 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="text-align: center;"> <input type="text"/> / <input type="text"/> / <input type="text"/> </div>	5. Gender (Optional) Male Female
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6. Texas Driver's License Number or Texas Personal Identification Number (Issued by the Dept. of Public Safety)

I have not been issued a Texas Driver's License/Personal Identification Number or Social Security Number.

If no Texas Driver's License or Personal Identification, give last 4 digits of your Social Security Number.

XXX – XX –

7. Telephone (Optional) (<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"/>	Email Address (Optional)
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8. Party Preference (Primary Election Only) – Fill in ONE box

Republican Democrat None

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."

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 180 days, a fine up to \$2,000 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 Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness.

____/____/____
 Date

(For Office Use Only)

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

District Type	District Code	District Type	District Code
_____	_____	_____	_____

If additional districts, attach list to form.

Date Address Confidential Certificate expires: ____/____/____

REMEMBER TO SIGN AND DATE ITEM 10.