

# HOW TO FILL OUT:

1. BALLOT BY MAIL APPLICATION
2. CARRIER ENVELOPE TO RETURN BALLOT



# MIDLAND COUNTY ELECTIONS

Instructions on how to fill out your application for ballot by mail and your carrier envelope to return your ballot.

Thank you,

Carolyn Graves

Election Administrator



# BALLOT BY MAIL APPLICATION

How to fill it out properly

DO NOT REMOVE PERFORATED TABS. Moisten here and fold bottom to top to seal. REMOVE TO EXPOSE ADHESIVE

### 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 and the original hardcopy. Electronic signatures are not permitted. THE HARDCOPY OF THIS APPLICATION MUST BE RECEIVED BY THE EARLY VOTING CLERK AND MEET ALL LEGAL REQUIREMENTS. Instructions on the back of this form completely. If you have any questions, please call the Early Voting Clerk in your county 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** and legibly. YOU MUST PROVIDE ONE of the following numbers

Name: Last, Middle, Suffix (jr, Sr)  
 Residence Address: Apt. # (if any), City, State, Zip Code  
 Address: Street, City, State, Zip Code  
 Optional Information: 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  
 XXX-XX-  
 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

Este formulario está disponible en Español. Para conseguir la versión en Español favor llamar sin cargo al 1-800-252-8683 a la oficina del Secretario de Estado o la Secretaria de Votación Adelantada.

Optional  
Email and  
phone #



# Section 1 Personal ID

1. You must now fill in the personal identification information on your application for a ballot by mail. You may use
  - A. Driver's License #
  - B. Texas Personal ID #
  - C. Election ID Certificate # issued by DPS
  - D. Last 4 of your Social Security number.

It **MUST** be what we have on file.

To be sure, you can use both.

2. **Read carefully** and **fill in all boxes that apply to you.**

Let us know exactly where you want us to send your ballot

Application

If someone else completes this form for you, you must complete the Witness/Assistant Box 6 below. If you email or fax this form to the Early Voting Clerk, you must complete the Witness/Assistant Box 6 below. If you email or fax this form to the Early Voting Clerk, you must complete the Witness/Assistant Box 6 below. If you email or fax this form to the Early Voting Clerk, you must complete the Witness/Assistant Box 6 below.

**YOU MUST PROVIDE ONE of the following numbers**

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

XXX-XX-\_\_\_\_

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. \_\_\_\_\_ (Indicate Relationship)

**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 \_\_\_\_\_

## Section 2

### Mail my ballot to..

1. Your Residence address
2. Other address,
  - a. Mailing address listed on registration
  - b. Address outside the County (voters absent from the county)
  - c. Hospital, Nursing Home, Long-Term Care Facility or Assisted Living Center or a relative



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 HARD COPY 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  
 XXX-XX-\_\_\_\_\_  
 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.

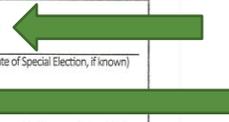
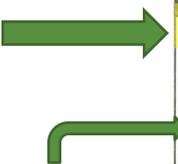
**6. If someone helps you complete this form or mails, emails or faxes the form for you, that person must complete the section below.**

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 \_\_\_\_\_



# Section 4

## Send me a ballot for the following Elections

1. Annual –for all elections in voting year (January to December)
2. For Primary Elections- must select a Party
3. Uniform Election dates or
4. Primary Elections (even numbered years only)

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 HARD COPY 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
XXX-XX-
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
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)
OR
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."
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.
Signature of Witness/Assistant Printed Name of Witness/Assistant
Street Address Apt. # (if any) City State Zip Code

Este formulario está disponible en Español. Para conseguir la versión en Español favor llamar sin cargo al 1-800-252-8683 a la oficina del Secretario de Estado o la Secretaria de Votación Adelantada.

Section 5
Sign here

Sign
And
Date your
application





# CARRIER ENVELOPE

How To Properly Fill Out Your Carrier Envelope

# IMPORTANT- READ CAREFULLY

TO CHECK THE STATUS OF YOUR MAIL BALLOT, VISIT

**VOTETEXAS.GOV**

LAST 4 OF  
SS#

Check this box if you  
have NOT been  
issued a DL or A SS#

**REQUIRED INFORMATION: YOU MUST PROVIDE ONE OF THE FOLLOWING NUMBERS AND IT MUST BE ASSOCIATED WITH YOUR VOTER REGISTRATION RECORD**

Texas Driver's License or Texas Personal Identification Card or Election Identification Certificate Number issued by the Texas Department of Public Safety (NOT your Voter Registration VUID #) (Número de licencia de conducir de Texas o Número de Identificación Personal o Certificado de Identificación Electoral expedida por el Departamento de Seguridad Pública de Texas) (NO ES el número de su Registro de Identificación Personal VUID#)

If you do not have a Texas Driver's License or Personal Identification Card or a Texas Election Identification Certificate Number, give the last 4 digits of your Social Security Number (Si no tiene licencia de conducir de Texas o Número de Identificación Personal o Certificado de Identificación Electoral expedida por el Departamento de Seguridad Pública de Texas, proporcione los 4 últimos dígitos de número de Seguro Social)

I have not been issued a Texas Driver's License or Texas Personal Identification Card or Texas Election Identification Certificate or a Social Security Number (No me han expedido una licencia de conducir de Texas o Número de Identificación Personal o Certificado de Identificación Electoral expedida por el Departamento de Seguridad Pública de Texas ni un número de Seguro Social)

**OPTIONAL CONTACT INFORMATION: Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

SEAL ENVELOPE AND SIGN OVER SEALED FLAP (SELLE EL SOBRE Y FIRME ENCIMA DE SOLAPA DEL SOBRE)

**X SIGNATURE**

SIGNATURE OR MARK OF VOTER (FIRMA O MARCA DEL VOTANTE)

**Swear (or affirm) under penalty of perjury that the voter I am assisting represented to me they are eligible to receive assistance; I will not suggest, by word, sign, or gesture, how the voter should vote; I will confine my assistance to reading the ballot to the voter, directing the voter to read the ballot, marking the voter's ballot, or directing the voter to mark the ballot; I will prepare the voter's ballot as the voter directs; I did not pressure or coerce the voter into allowing me to provide assistance; I am not the voter's employer, an agent of the voter's employer, or an officer or agent of a labor union to which the voter belongs; I will not communicate information about how the voter has voted to another person; and I understand that if assistance is provided to a voter who is not eligible for assistance, the voter's ballot may not be counted.** **Juramento de la Persona Asistiendo al Votante:** "Yo juro (o afirmo) bajo pena de perjurio que el votante al que estoy asistiendo me representó que es elegible para recibir asistencia; no sugeriré, con palabra, señal, o gesto, como debe votar el votante; limitaré mi asistencia a leer la boleta al votante, dirigiendo al votante a que lea la boleta, marcando la boleta del votante o dirigiendo al votante a que marque la boleta; prepararé la boleta del votante según lo indique el votante; no presioné ni coaccioné al votante para que me eligiera como asistente; no soy el empleador del votante, un agente del empleador del votante, o un oficial o agente de un sindicato al cual el votante pertenece; no comunicaré información sobre cómo el votante ha votado a otra persona; entiendo que si se proporciona asistencia a un votante que no es elegible para recibir asistencia, la boleta del votante podría no ser contada."

**If you are an assistant, provide information below: (Si usted es un asistente o testigo, marque la casilla correcta y proporcione su información):**

Did you receive compensation or other benefit from a candidate, campaign or political committee in exchange for providing assistance?  
 Circle one: Yes No  
 ¿Recibió compensación u otro beneficio de un candidato, campaña o comité político a cambio de brindar asistencia?  
 Marque con un Círculo: Si No

Printed Name (Nombre en letra de molde) \_\_\_\_\_ Signature (Firma) \_\_\_\_\_  
 Relationship to Voter (relacion al votante) \_\_\_\_\_ Street Address (Domicilio residencial) \_\_\_\_\_

Completed by Early Voting Clerk: \_\_\_\_\_

Name of Election (Nombre de Elección): \_\_\_\_\_

Name of Voter (Nombre del votante): \_\_\_\_\_

Date of Election (Fecha de Elección): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Instructions to Witness:** You are serving as a witness for \_\_\_\_\_ (name of voter). You must complete the section below if you witness the mark of the voter, or if the voter cannot make a mark. If the voter cannot make a mark, check here \_\_\_\_\_.

**(Instrucciones al Testigo:** Usted está fungiendo como testigo para \_\_\_\_\_ (nombre del votante). Usted debe llenar la siguiente sección abajo si usted fue testigo de que el votante firmó, o de que el votante no puede firmar. Si el votante no puede firmar, marque sus iniciales aquí \_\_\_\_\_.)

Signature (Firma) \_\_\_\_\_ Printed Name (Nombre en letra de molde) \_\_\_\_\_  
 Street Address (Domicilio residencial) \_\_\_\_\_

1. YOU **MUST** PUT YOUR DL# OR THE LAST 4 OF YOUR SS# ON THE CARRIER ENVELOPE. **It must be what we have on file.**
2. If you have an **Assistant**-They MUST fill out all of the information and check the box that they have or have not received compensation.
3. If you have a **Witness**- They MUST fill out every question. And sign and date.
4. **Don't forget to sign your ballot carrier envelope in the red signature box.**
5. **Optional line for phone and email (This helps if we need to contact you)**