

APPLICATION FOR EMERGENCY EARLY VOTING BALLOT DUE TO DEATH IN THE FAMILY

**All Information is required unless otherwise indicated*

Name and Residence Address where registered to vote:		
You MUST provide one of the following numbers and it must be associated with your voter registration record. Providing both numbers is helpful in case one of the numbers is not associated with your voter 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 XXX-XX-____	<input type="checkbox"/> 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 Precinct # (if known)	Party Preference (Primary Election Only)
"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		

IF APPLICANT CANNOT SIGN OR MAKE A MARK, A WITNESS MUST COMPLETE THIS SECTION.

For Witness: Applicant, if unable to sign, shall make a mark in the presence of a witness. If the applicant is unable to make his or her mark, the witness shall check here. _____

_____ Signature of Witness	_____ Printed Name of Witness
_____ Residence Address of Witness	_____ Relationship to Applicant

Note to Witness: In any single election, it is a Class B misdemeanor for any person other than the Early Voting Clerk or a Deputy Early Voting Clerk to sign as a witness to the application for a Ballot by Mail for more than one applicant. However, a person may witness more than one application if the second and subsequent applicants are related to the witness as a parent, spouse, child, grandparent or sibling.

AFFIDAVIT

I, _____ do hereby swear or affirm that due to the death of my _____,
(name of voter) (relationship to decedent)

which occurred on ____/____/_____, I will be absent from the county on Election Day.
(date of death)

Signature of Voter

Sworn to and subscribed before me, this _____ day of _____, 20_____.

_____ Signature of Officer Administering Oath	_____ Printed Name of Officer Administering Oath
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FOR OFFICIAL USE ONLY
Name of Representative:
Residence Address of Representative:
Signature of Representative:
Date of Birth of Representative: