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:

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Date of Election</td>
</tr>
<tr>
<td>Type of Election</td>
</tr>
<tr>
<td>Authority Conducting the Election</td>
</tr>
<tr>
<td>Voter Registration VUID # (if known)</td>
</tr>
<tr>
<td>County Election Precinct # (if known)</td>
</tr>
<tr>
<td>Party Preference (Primary Election Only)</td>
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</tbody>
</table>

“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

FOR OFFICIAL USE ONLY

Name of Representative:

Residence Address of Representative:

Signature of Representative:

Date of Birth of Representative: