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Texas Voter Registration Application Prescribed by the Office of the Secretary of State VR17.2011E.13				For Official Use Only					
Ple ple	ase complete sections by printing L ase call your local voter registrar.	EGIBLY. If you have	any questi	ons about how to fi	I out th	is application,			
1	These Questions Mu	ıst Be Comp	leted I	Before Prod	ceed	ling			
	Check one New Application Change of Address, Name, or Other Information			Request for a Replacement Card					
Are you a United States Citizen?				Yes		No			
Will you be 18 years of age on or before election day?			ay?	Yes		No			
If	you checked 'No' in respons	e to either of the	above,	do not complet	e this	form.			
Are	Are you interested in serving as an election worker?		r?	Yes		No			
2	Last Name Include Suffix if any (Jr, Sr, III)	First Name	1	Middle Name fany)	Form	er Name (if any)			
3	Residence Address: Street Address and Apartment Number. If none, describe where you live. (Do not include P.O. Box, Rural Rt. or Business Address)			City		TEXAS			
			C	County		Zip Code			
4 Mailing Address: Street Address and Apartment Number. (If mail cannot be delivered to your residence address.)			C	City		State			
						Zip Code			
5	5 Date of Birth: (mm/dd/yyyy) 6 Gender (Optional) 7 Telephone Number (Optional) Include Area Code								
			ale male						
8	Texas Driver's License No. or Texas Personal I.D. No. (Issued by the Department of Public Safety) If no Texas Driver's License or Personal Identification, give last 4 digits of your Social Security Number								
	XXX-XX-								
	I have not been issued Social Security Numb		₋icense/P	ersonal Identifica	ition N	umber or			
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 am a resident of this county a	•							
	 I have not been finally convicted any term of incarceration, pare 								
	I have not been determined by mentally incapacitated or parti					ion to be totally			
	X			Date	/	/			
Sig	nature of Applicant or Agent and Relat	ionship to Applicant o	r Printed Na	ame of Applicant if S	igned b	y Witness and Date.			

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