

Texas Voter Registration Application

For Official Use Only

Prescribed by the Office of the Secretary of State

VR17.08E.12

Please complete sections by printing **LEGIBLY**. If you have any questions about how to fill out this application, please call your local voter registrar or the Secretary of State's Office toll free at 1-800-252-VOTE(8683), TDD 1-800-735-2989, www.sos.state.tx.us.

1 These Questions Must Be Completed Before Proceeding

Check one New Application Change of Address and/or Name 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? Yes No

If you checked 'no' in response to either of the above, do not complete this form.

Are you interested in serving as an election worker? Yes No

2 Last Name	First Name	Middle Name (if any)	Former Name

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	State
	Zip Code	

4 Mailing Address: Street Address and Apartment Number. (If mail cannot be delivered to your residence address.)	City	State
	Zip Code	

5 Date of Birth: (mm/dd/yyyy) □□/□□/□□□□	6 Gender (Optional) <input type="checkbox"/> Male <input type="checkbox"/> Female	7 Telephone Number (Optional) Include Area Code () —
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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-□□□□
<input type="checkbox"/> Check if you do not have a Texas Driver's License, or Texas Personal Identification No.	<input type="checkbox"/> Check if you do not have a Social Security Number

9 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.

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 _____

_____/_____/_____
Date

Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date.

Signature of Volunteer Deputy Registrar

Date

TRAVIS COUNTY TAX OFFICE — VOTER REGISTRATION DIVISION
 5501 Airport Blvd, Austin, TX 78751 PO Box 149327, Austin, TX 78714-9327
 512-854-9473 www.traviscountytax.org

Detach and give this receipt to the applicant. Applicant should retain this receipt as proof of registration. A voter certificate will be mailed within 30 days.

Name of Applicant/Applicant's agent (if applicable)

Applicant's Residence Address City Zip Code

Volunteer Deputy Signature Date