Texas Voter Registration Application Prescribed by the Office of the Secretary of State

For Official Use Only

Please complete sections by printing LEGIBLY. If you have any questions about how to fill out this application, please call your local voter registrar. Please visit the Texas Secretary of State website, **www.sos.state.tx.us**, and for additional election information visit **www.votetexas.gov**. Este formulario está disponible en español. Favor de llamar a su registrador de votantes local para conseguir una versión en español.

Qualifications

- · You must register to vote in the county in which you reside.
- · You must be a citizen of the United States.
- · You must be at least 17 years and 10 months old to register, and you must be 18 years of age by Election Day.
- You must not be finally convicted of a felony, or if you are a felon, you must have completed all of your punishment, including any term of incarceration, parole, supervision, period of probation, or you must have received a pardon.
- You must not have 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.

1	THESE QUESTIONS MUST BE COMPLETED BEFORE PROCEEDING (Check one) □ New Application □ Change of Address, Name, or Other Information □ Request for a Replacement Card			
	Are you a United States Citizen?	of age on or before election day?	□ 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 Include Suffix if any (Jr, Sr, III) First Name	Middle Name(If any)	Former 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	
		County	Zip Code	
4	Mailing Address: Street Address and Apartment Number. (If mail cannot be delivered to your residence address.)	City	State	
			Zip Code	
5	City and County of Former Residence in Texas			
6	Date of Birth: (mm/dd/yyyy) 7 Gender (Optional) 8 Telephone Number (Optional) Include Area Code			
	Male Female			
9	Texas Driver's License No. or Texas Personal I.D. No. If no Texas Driver's License or Personal Identification,			
	(Issued by the Department of Public Safety)	give last 4 digits of your Social S	ecurity Number	
☐ I have not been issued a Texas Driver's License/Personal Identification Number or Social Security Number.			curity Number.	
10				
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·	mentally incapacitated without the right to vote.			
	V			
	^		Date:	
	Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Appl	licant if Signed by Witness and Date.		