

APPLICANT'S STEP-BY-STEP INSTRUCTIONS (FOR EARLY VOTING CLERK STAFF) FOR COMPLETING THE CONFIDENTIAL VOTER REGISTRATION FORM AND EARLY VOTING BALLOT APPLICATION:

NOTE: The application is confidential, not a public record, and should not be shared by anyone. Internally, only one person should be designated to process and have access to this application.

SECTION 1: Applicant's Last, First and Middle Names

The name should be the applicant's current legal name (same as Driver License) as it is on their Texas Address Confidentiality certificate and Authorization ID card. Please make sure it is legible and that only one name is listed per box, not nicknames or a maiden name they may be wishing to use in the future. It is important to complete all areas of this section: Last, First and Middle Name (if applicable).

SECTION 2 and 3: Confidential Mailing Address and Authorization Number

This section is to be completed by the Applicant, and Applicant should provide the same confidentiality mailing address shown on the applicant's program card verified by the staff member of the early voting clerk's office. The mailing address is provided by the Office of the Attorney General's office.

SECTION 4: Date of Birth

Please make sure this section is legible and reflects a complete date (MM/DD/YYYY) for the date of birth.

SECTION 5: Gender

Ask the applicant to provide their gender but be sure to stress that this information is optional.

SECTION 6: Texas Driver's License, Texas ID Card Number OR Social Security Number

Federal and state laws require the applicant to provide their Texas Driver's License or personal ID number. If the applicant does not have either of these forms of identification, they must provide the last 4 digits of their social security number. If the applicant does not have a Texas driver's license, Texas ID or social security number, have applicant indicate this fact by checking boxes that say they do not have these numbers.

SECTION 7: Telephone/ Email Address

Ask the applicant to provide their telephone number and email address that they can be contacted should questions arise. Please be sure to stress that this section is optional, and

that no person shall be denied the right to register to vote for failure to furnish a telephone number and/or email address.

SECTION 8: Political Party

Make sure the applicant fills in the box preceding their choice of a political party which conducts primary elections or the applicant may mark the box "None." If the applicant marks "None," this means the voter will not be sent either party's primary election ballots. Be sure to stress to the applicant that in Texas we do not register to vote by political party; and, no person shall be entitled to vote the ballot of any political party unless he or she has requested a specific party primary ballot.

SECTION 9: Acknowledgement of Confidential Status

Please be sure the applicant initials where indicated on the line to acknowledge their status as a confidential applicant and they will need to register to vote with their county voter registrar once their status has been terminated. Please also stress to the applicant that upon termination, withdrawal, expiration or inactive status in the Texas Confidentiality Address program, their confidential voter status will be terminated.

SECTION 10: Voter Declaration and Signature/Date

Have the applicant sign and date the application.

Office Use Only

You can search an address in TEAM to determine political subdivisions located in the territory. Please put district type and district code information in the designated spaces. Be sure to get the expiration of the Address Confidential Certificate as that will determine the expiration of this application unless the protected applicant leaves the program before the expiration date.

Confidential Voter Registration Form and Early Voting Ballot Application

(FOR ADDRESS CONFIDENTIALITY PROGRAM PARTICIPANTS ONLY)

I REQUEST AN EARLY VOTING BALLOT FOR ALL ELECTIONS IN WHICH I AM ELIGIBLE TO VOTE AND THAT IS CONDUCTED BY YOUR OFFICE. I UNDERSTAND THAT IF I WANT TO RECEIVE A BALLOT FROM AN ENTITY WHOSE ELECTION YOUR OFFICE IS NOT CONDUCTING, I MUST APPLY AT THEIR OFFICE IN PERSON.

Use blue or black ink – please print clearly.

1. Last Name (Include Suffix if any – Jr, Sr, III)	First Name
Middle Name (if any)	Former Name (if any)

2. Confidential Mailing Address (Assigned by Office of the Texas Attorney General)

City: _____ State: TX Zip: _____

3. Texas Address Confidentiality Authorization Number (Assigned by Office of the Attorney General)	4. Date of Birth (MM / DD / YYYY)	5. Gender (Optional)
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female

6. Texas Driver's License Number or Texas Personal Identification Number (Issued by the Dept. 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 a Texas Driver's License/Personal Identification Number or Social Security Number.

7. Telephone (Optional)	Email Address (Optional)
(<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> – <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

8. Party Preference (Primary Election Only) – Fill in ONE box

Republican
 Democrat
 None

9. ACKNOWLEDGMENT OF CONFIDENTIAL STATUS

Initial here _____ to acknowledge your status as an address confidential program participant. "I swear or affirm that I am a certified participant or eligible household member of a certified participant in an address confidentiality program administered by the Texas Attorney General as described in Chapter 56, Texas Code of Criminal Procedure. I understand that by completing this application, it is my responsibility to cancel my voter registration in any county in which I may have been registered to vote, if my voter registration was not previously canceled. It is also my responsibility to cancel any confidential application for ballot by mail that was filed in a county of previous residence. I understand that I am requesting a ballot by mail for every election conducted by the early voting clerk within the boundaries of the territories in which I reside until my address confidential certificate expires (three (3) years after the application is submitted) or your office receives notice that I am no longer in the program or my ballot by mail has been returned as undeliverable, whichever occurs first."

10.

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

_____/_____/_____
 Date

(For Office Use Only)

Voter is qualified to vote in the following jurisdictions indicated by the verbal physical description of their residence:

District Type	District Code	District Type	District Code

If additional districts, attach list to form.

Formulario de Inscripción Electoral y Solicitud para Boleta Postal Confidenciales

(SOLAMENTE PARA PARTICIPES DEL PROGRAMA DE DIRECCIÓN CONFIDENCIAL)

SOLICITO UNA BOLETA POSTAL PARA TODA ELECCIÓN EN LAS QUE SOY ELEGIBLE Y DE LAS QUE SU OFICINA ESTÉ ENCARGADA. ENTIENDO QUE SI DESEO RECIBIR UNA BOLETA DE UNA ENTIDAD CUYA ELECCIÓN DE LA QUE SU OFICINA NO ESTÁ ENCARGADA, DEBO SOLICITARLA EN LA OFICINA DE TAL ENTIDAD Y EN PERSONA.

Usar tinta azul o negra – favor de escribir en letra de molde y claramente.

1. Apellido (Incluir sufijo si lo hay – Jr, Sr, III)	Nombre de pila
Segundo nombre de pila (si lo hay)	Apellido anterior (si lo hay)

2. Dirección postal confidencial (Asignada por la Fiscalía General)

Ciudad: Estado: TX Código postal:

3. Núm. Autorización Dirección Confidencial de TX (Asignada por la Fiscalía General)	4. Fecha Nacim. (MM / DD / AAAA)	5. Sexo (Optativo)
	<input style="width: 40px; height: 20px;" type="text"/> / <input style="width: 40px; height: 20px;" type="text"/> / <input style="width: 40px; height: 20px;" type="text"/>	<input type="checkbox"/> Masculino <input type="checkbox"/> Femenino

6. Núm. de licencia de conducir de Texas o Núm. de Identidad de Texas (Expedido por el Departamento de Seguridad Pública).	Si no tiene licencia de conducir de Texas o Núm. de Identidad Personal de Texas, proporcione los últimos 4 dígitos de su número de Seguro Social.
<input style="width: 100px; height: 20px;" type="text"/>	XXX – XX – <input style="width: 40px; height: 20px;" type="text"/>

No tengo licencia de conducir de Texas/Número de Identidad Personal de Texas ni Número de Seguro Social.

7. Teléfono (Optativo) (<input style="width: 30px; height: 20px;" type="text"/>) <input style="width: 30px; height: 20px;" type="text"/> – <input style="width: 40px; height: 20px;" type="text"/>	Correo electrónico (Optativo)
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8. Partido de preferencia (Sólo para Elección Primaria) – Llenar UN sólo cuadro

Republicano
 Demócrata
 Ninguno

9. CONFIRMACIÓN DE ESTADO CONFIDENCIAL

Inicialar aquí _____ para confirmar su estado como participe en el programa de dirección confidencial. "Declaro o afirmo que soy participe certificado/a o que soy miembro del hogar elegible de un/a participe certificado/a dentro del programa de dirección confidencial administrado por la Fiscalía General de Texas como indicado en el Capítulo 56, Procedimiento del Código Criminal de Texas. Entiendo que al llenar esta solicitud, es responsabilidad mía ver que se cancele mi inscripción electoral en cualquier condado en el cual podría haber estado inscrito/a para votar, si es que previamente no se canceló. También entiendo que es responsabilidad mía cancelar cualquier solicitud para boletas por correo archivada en cualquier condado de residencia previa. Entiendo que con la presente solicito boletas postales para cada elección bajo el cargo del oficial de votación temprana dentro de los territorios en los cuales residí hasta que caduque mi certificado de dirección confidencial (tres [3] años después entregarse la solicitud) o cuando su oficina acuse aviso que ya no figuro en el programa o si mi boleta postal se devuelve por ser imposible de entregar, cual ocurra primero."

(Sólo para Uso Oficial)

Voter is qualified to vote in the following jurisdictions indicated by the verbal physical description of their residence.

District Type	District Code	District Type	District Code

10.

Entiendo que el dar información falsa para obtener una tarjeta de registro electoral constituye un delito de perjurio bajo las leyes estatales y federales. Cometer este delito puede resultar en privación de la libertad hasta 180 días, multa de hasta \$2,000 o ambos castigos. **POR FAVOR LEA CADA UNA DE LAS TRES DECLARACIONES ANTES DE FIRMAR.**

- Declaro que
- soy residente de este condado y ciudadano de los EEUU;
 - no he sido condenado por un delito grave, o en caso de ser delincuente, he purgado mi pena por complete, incluyendo cualquier plazo de encarcelamiento, libertad condicional, supervisión, período de prueba, o se me otorgó un indulto; y
 - no se me ha declarado, total o parcialmente, como discapacitado mental sin derecho al voto, por el fallo final de un juzgado de sucesiones.

X _____
 Firma del solicitante o su agente (apoderado) y relación de éste con el solicitante, no nombre en letra de molde del solicitante si la firma es la de un testigo.