

VOTER REGISTRATION MATERIAL OF

General Election held on the 8th
day of November, 2022
in Election Precinct No. 1-1
in Van Zandt County, Texas.

**Envelope Color:
Gray**

ENVELOPE 4

TO VOTER REGISTRAR

NOTE TO PRECINCT PRESIDING JUDGE
Enclose in this envelope:

1. Registration Omissions List
2. Statements of Residence (completed)
3. Voter Registration Applications (completed)

Instructions for Voting by Mail on Back

(Al Dorso: Instrucciones si vota por correo)

21-6 (9/2023)

Prescribed by
Secretary of State

STATEMENT OF RESIDENCE

For persons whose residence address does not match voter registration address.

CONSTANCIA DE DOMICILIO PERMANENTE

Para personas cuya dirección no coincide con la que aparece en la lista oficial de votantes inscritos.

Last Name Include suffix if any Apellido Incluir sufijo si lo hay (Jr., Sr., III)	First Name Nombre de pila	Middle Name (If any) Segundo nombre (si aplica)	Former Name Apellido anterior
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Residence Address: Street Address and Apartment Number, City, State, and Zip.
If none, describe where you live. (Do not include P.O. Box, Rural Route, or Business Address)
Domicilio residencial: Número y calle, y número de apartamento, Ciudad, Estado, y Código postal. Si no existe un domicilio, describa donde vive (no incluya apartados postales, rutas rurales o dirección del trabajo).

Gender (Optional)
Sexo (Optativo)

Male Masculino

Female Femenino

Mailing Address: Address, City, State, and Zip: If mail cannot be delivered to your residence address. Dirección postal: Número y calle, y número de apartamento, Ciudad, Estado, y Código postal (si no se puede entregar correo en su domicilio residencial).

Date of Birth: month, day, year
Fecha de Nacimiento: mes, día, año

/ /

City and County of Former Residence in Texas
Ciudad y condado de residencia anterior en Texas

City and County of Current Residence in Texas
Ciudad y condado de residencia actual en Texas

Telephone Number (Optional) Include Area Code
Teléfono (Optativo) – Incluya código de área

Texas Driver's License No. or Texas Personal I.D. No. (Issued by the Department of Public Safety)
No. de licencia de conducir de Texas o no. de identificación personal de Texas (Expedido por el Departamento de Seguridad Pública)

If no Texas Driver's License or Personal Identification, give last 4 digits of your Social Security Number.

Si no tiene licencia de conducir de Texas o no. de identificación personal, proporcione los 4 últimos dígitos de su número de Seguro Social.

I have not been issued a Texas Driver's License/Personal Identification Number or Social Security Number.
Yo no tengo una Licencia de conducir de Texas/Cédula de identidad personal de Texas o Número de Seguro Social.

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 one year in jail, a fine up to \$4,000, or both. Please read all three state-ments to affirm before signing. Entiendo que el dar información falsa para obtener una tarjeta de registro electoral constituye un delito de perjurio bajo las leyes estatales y federales. La condena por este delito puede resultar en encarcelamiento de hasta un año de cárcel, una multa de hasta \$4,000, o ambas cosas. Por favor lea cada una de las tres declaraciones antes de firmar.

- **I am a resident of this county and a U.S. citizen; and**
- **I 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**
- **I 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.**
- soy residente de este condado y ciudadano de los Estados Unidos; y
- no he sido finalmente condenado por un delito grave, o si soy un delincuente, he purgado mi pena por completo, incluyendo cualquier plazo de encarcelamiento, libertad condicional, supervisión, período de libertad condicional, o he sido indultado; y
- no he sido determinado por un fallo final de un tribunal que ejerce la jurisdicción testamentaria que estoy totalmente incapacitado mentalmente o parcialmente incapacitado mentalmente sin derecho a voto

X

Date

/ /

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

Firma del solicitante o su agente (apoderado) y relación de éste con el solicitante, o nombre en letra del molde del solicitante si la firma es la de un testigo, y fecha.

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? 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 Include Suffix if any (Jr, Sr, III)	First Name	Middle Name (if any)	Former Name (if any)
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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
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	(<input type="text"/>) <input type="text"/> - <input type="text"/>

9 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
<input type="text"/>	XXX-XX- <input type="text"/>

I have not been issued a Texas Driver's License/Personal Identification Number or Social Security Number.

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 one year in jail, a fine up to \$4,000, or both. Please read all three statements to affirm before signing.

- I am a resident of this county and a U.S. citizen;
- I 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
- I 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 and Date.

Date: _____

FOR VOLUNTEER DEPUTY REGISTRAR USE ONLY	
Deputy Number	Application must be delivered to Voter Registrar no later than 5 days after receipt
Signature of Volunteer Deputy Registrar	Date

REGISTRATION RECEIPT

Name of Applicant/Applicant's Agent (if applicable)	Receipt No.:
Name of Volunteer Deputy Registrar	Deputy No.:
Signature of Volunteer Deputy Registrar	Date:

You should receive your Voter Registration Certificate within **30 days**. Please keep this receipt until you receive your Voter Registration Certificate from the voter registrar.