

Este formulario está disponible en español. Favor de llamar a su registrador de votantes local para conseguir una versión en español.

- 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.

☐ 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)
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) <div> <div><input type="text"/></div> <div><input type="text"/></div> <div>/</div> <div><input type="text"/></div> <div><input type="text"/></div> <div>/</div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> </div>	7 Gender (Optional) <input type="checkbox"/> Male <input type="checkbox"/> Female	8 Telephone Number (Optional) Include Area Code <div> <div>(</div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div>)</div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div>-</div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> </div>
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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
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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
	<div> <div>Signature of Volunteer Deputy Registrar</div> <div>Date</div> </div>

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:

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	<input type="text"/>		<input type="checkbox"/> Male <input type="checkbox"/> Female		(<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"/>

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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:

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

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:

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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:

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Signature of Volunteer Deputy Registrar	Date:

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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)
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"/>) <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"/>

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

XXX-XX-

☐ 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 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 and a U.S. citizen;
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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:

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Qualifications

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☐ 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

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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	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"/>

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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:

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Qualifications

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☐ 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

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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
	<input type="text"/>		<input type="checkbox"/> Male <input type="checkbox"/> Female		(<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"/>

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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.

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☐ 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)
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) <div> <div><input type="text"/></div> <div><input type="text"/></div> <div>/</div> <div><input type="text"/></div> <div><input type="text"/></div> <div>/</div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> </div>	7 Gender (Optional) <input type="checkbox"/> Male <input type="checkbox"/> Female	8 Telephone Number (Optional) Include Area Code <div> <div>(</div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div>)</div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div>-</div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> </div>
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	<div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div> <input type="checkbox"/> I have not been issued a Texas Driver's License/Personal Identification Number or Social Security Number. </div>	<div> XXX-XX- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>

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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
	<div> <div>Signature of Volunteer Deputy Registrar</div> <div>Date</div> </div>

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:

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.
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Qualifications

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☐ 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)
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	Zip Code
		County		
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"/>

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(Issued by the Department of Public Safety)

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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:

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Are you a United States Citizen? ☐ Yes ☐ No Will you be 18 years of age on or before election day? ☐ Yes ☐ No

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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
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	<div style="display: flex; justify-content: space-around; font-size: 24px;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>	<div style="display: flex; justify-content: space-around; font-size: 24px;"> <div>XXX-XX-</div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>
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Date: _____

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

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:

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Are you a United States Citizen? ☐ Yes ☐ No Will you be 18 years of age on or before election day? ☐ Yes ☐ No

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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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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.:
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Signature of Volunteer Deputy Registrar	Date:

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- 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.

☐ 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)
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) <div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div>/</div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div>/</div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> </div>	7 Gender (Optional) <div> <input type="checkbox"/> Male <input type="checkbox"/> Female </div>	8 Telephone Number (Optional) Include Area Code <div> <div>(<div><div></div><div></div><div></div></div>)</div> <div><div></div><div></div><div></div></div> <div>-</div> <div><div></div><div></div><div></div><div></div></div> </div>
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<p>9 Texas Driver's License No. or Texas Personal I.D. No. (Issued by the Department of Public Safety)</p> <div style="border: 1px solid black; width: 100px; height: 40px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 100px; height: 40px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 100px; height: 40px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 100px; height: 40px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 100px; height: 40px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 100px; height: 40px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 100px; height: 40px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 100px; height: 40px; margin: 5px 0;"></div>	<p>If no Texas Driver's License or Personal Identification, give last 4 digits of your Social Security Number</p> <div style="border: 1px solid black; width: 100px; height: 40px; margin: 5px 0; display: flex; align-items: center; justify-content: center;"> XXX-XX- <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 5px;"></div> </div>
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- 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.

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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
	<div> <div>Signature of Volunteer Deputy Registrar</div> <div>Date</div> </div>

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:

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.
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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)
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"/>) <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"/>

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(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-

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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.

Este formulario está disponible en español. Favor de llamar a su registrador de votantes local para conseguir una versión en español.

- You must register to vote in the county in which you reside.
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☐ 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)
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
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>	<div style="display: flex; align-items: center;"> <input type="checkbox"/> Male <input type="checkbox"/> Female </div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">)</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">—</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>

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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
	<div> <div>Signature of Volunteer Deputy Registrar</div> <div>Date</div> </div>

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:

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.
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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)
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	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"/>

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

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

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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.

Este formulario está disponible en español. Favor de llamar a su registrador de votantes local para conseguir una versión en español.

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	<div style="display: flex; justify-content: space-around; height: 40px;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>	<div style="display: flex; justify-content: space-around; height: 40px;"> <div style="font-size: 24px; font-weight: bold;">XXX-XX-</div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>

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

REGISTRATION RECEIPT

Name of Applicant/Applicant's Agent (if applicable)	Receipt No.:
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Are you a United States Citizen? ☐ Yes ☐ No Will you be 18 years of age on or before election day? ☐ Yes ☐ No

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

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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:

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- 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)
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	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"/>

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

☐ 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 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 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.

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.
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☐ 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)
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"/>) <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"/>

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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:

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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.
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- You must be at least 17 years and 10 months old to register, and you must be 18 years of age by Election Day.
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☐ 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)
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	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
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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:

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☐ 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)
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	Zip Code
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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
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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:

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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)
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	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"/>) <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"/>

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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:

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