

**Name of Form:**

**Application for Presidential Ballot.**

**Section Reference:**

**Chapter 113, Texas Election Code.**

**Purpose:**

**To allow voting for president and vice-president by former Texas voters not yet qualified to vote in another state.**

**Number of Copies Required:**

**One per voter.**

**Completed by:**

**The Voter.**

**Filing Date:**

**The voting period to vote a presidential ballot begins on the 20th day before election and ends on election day. The hours to vote after the close of early voting by personal appearance are during the clerk's regular business hours including election day.**

**Filed with:**

**County Clerk or Election Administrator.**

**Comments:**

**The voter may vote by mail by completing an application for ballot by mail in addition to this application. The voter may not apply for a ballot to vote by mail earlier than 30 days before election day. If the voter applies any time before this time, he will not be qualified to vote since he has to be domiciled in another state at the time he applies for the ballot and may not be a resident in another state for more than 30 days before election day.**

**Voters voting under this chapter use the balloting materials used for voting by mail.**

**The clerk makes a notation on the carrier envelope that it is a "Presidential Ballot Only."**

**Voters voting under this procedure are to be included on the precinct list of early voters and the restricted ballot register.**

**Current form in 3/07.**

**APPLICATION FOR PRESIDENTIAL BALLOT**  
*(SOLICITUD PARA UNA BOLETA PRESIDENCIAL)*

TO THE EARLY VOTING CLERK OF \_\_\_\_\_, TEXAS:  
*(AL SECRETARIO DE LA VOTACION ADELANTADA DE \_\_\_\_\_ (name of political subdivision) (nombre de la subdivisión política), TEXAS:)*

I hereby apply for a presidential ballot for the \_\_\_\_\_ election to be held  
*(Por la presente solicito una boleta presidencial para la elección \_\_\_\_\_ que se llevará a cabo)*

on \_\_\_\_\_.  
*(el \_\_\_\_\_ (date) (fecha) )*

I was a registered voter in \_\_\_\_\_ when I moved,  
*(Yo era un votante registrado en \_\_\_\_\_ (County of former residence) (Condado de su residencia previa) cuando me cambia de domicilio,)*

and my permanent residence address was \_\_\_\_\_.  
*(y mi dirección residencial permanente era)*

My voter registration VUID number is \_\_\_\_\_ (if known).  
*(El número de mi VUID de votante es \_\_\_\_\_ (si se sabe)).*

I arrived in the state of my new residence on \_\_\_\_\_.  
*(Llegué al estado donde ahora resido el \_\_\_\_\_ (date) (fecha))*

My name is \_\_\_\_\_.  
*(Me llamo \_\_\_\_\_ (Include First, Middle, Last) (Incluya su nombre de pila, segundo nombre, apellido))*

My current address is \_\_\_\_\_.  
*(Mi domicilio actual es)*

**NOTE TO VOTERS (NOTA A LOS VOTANTES):** A voter who gives false information on this application is guilty of a misdemeanor. *(Un votante que da información falsa en esta solicitud sera culpable de un delito menor.)* If voting by mail, an application for a ballot by mail must also accompany this application. *(Si usted desea votar por correo, deberá incluir aqui una solicitud para una boleta por correo.)*

\_\_\_\_\_  
Signature of applicant *(Firma del suplicante)*

I, the witness for this person, do affirm that I signed the document in the presence of the person who is unable to sign his/her name. *(Yo, el testigo para esta persona, certifico que firmé el documento ante la persona incapacitada para firmar su nombre.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed name of person who cannot sign  
*(Nombre en Letra de Molde de la Persona que no puede firmar)*  
Printed name of witness  
*(Nombre del Testigo en Letra de Molde)*  
Signature of witness  
*(Firma del Testigo)*

\_\_\_\_\_  
Residence Address of Witness  
*(Domicilio del Testigo)*

or

\_\_\_\_\_  
Title of Witness if an Election Official  
*o, (Título del Testigo, si es un Oficial Electoral)*

Statement of witness: \_\_\_\_\_  
*(Declaración del Testigo:)*

Instruction:  
*(Instrucción:)*

If the person required to sign this document cannot sign his/her name because of physical disability or illiteracy, he/she must affix his/her mark to the document or paper and a witness must attest the mark. If the person cannot make his/her mark, the witness must state that fact on the document or paper. *(Si la persona que debe firmar este documento no puede hacerlo por incapacidad física o analfabetismo, esa persona deberá poner su marca en el documento delante de un testigo que verifique el hecho. Si la persona no puede hacer su marca, el testigo deberá declarar ésto sobre el documento o papel.)*