NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES BUSINESS REPLY FIRST-CLASS MAIL PERMIT NO. 4511 M AUSTIN, TX POSTAGE WILL BE PAID BY ADDRESSEE GRAYSON COUNTY **REGISTRAR OF VOTERS 115 W HOUSTON** SHERMAN TX 75090-9800 վիկաներուները անվանություններ Fold on line and seal before mailing Qualifications · All voters who register to vote in Texas must provide a Texas driver's license number or You must register to vote in the county in personal identification number issued by the which you reside. Texas Department of Public Safety. If you You must be a citizen of the United States. don't have such a number, simply provide the You must be at least 17 years and 10 months last four digits of your social security number. old to register, and you must be 18 years of If you don't have a social security number, age by Election Day. you need to state that fact. · You must not be finally convicted of a felony, Your voter registration will become effective or if you are a felon, you must have completed 30 days after it is received or on your 18th all of your punishment, including any term of birthday, whichever is later. Your registration incarceration, parole, supervision, period must be effective on or before an election day of probation, or you must have received a in order to vote in that election. pardon. If you move to another county, you must You must not have been determined by a re-register in the county of your new

 You must not have been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally in capacitated or partially mentally in capacitated without the right to vote.

Filling out the Application

 Review the application carefully, fill it out, sign and date it and mail it to the voter registrar in your county or drop it by the Voter Registrar's offce. Este formulario está disponible en español. Favor de llamar a su registrador de votantes local para conseguir una versión en español.

Please visit the Texas Secirctary of State

website, www.sos.state.ox.us, and ior additional election information visit www.votetexas.gov.

residence.

Texas Voter Registration Prescribed by the Office of the Secretary of State	For Official U	For Official Use Only	
Please complete sections by printing L please call your local voter registrar.	EGIBLY. If you have any que	ationa about how to f	III out this application.,
1 These Questions Must			•
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 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 Codo
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 R	esidence in Texas		
6 Date of Birth: (mm/dd/yyyy)	7 Gender (Option	al) 8 Telephone Include Area	Number (Optional) Code
	Male		
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 issue Social Security Numb	d a Texas Driver's License er.	Personal Identific	ation Number or
10 I understand that giving false in state and federal law. Convictio up to \$4,000, or both. Please rea	n of this crime may result in	imprisonment up to	
 I am a resident of this county 			
 I have not been finally convict any term of incarceration, pa 			
 I have not been determined b mentally incapacitated or particular 	y a final judgment of a cour	exercising probate	jurisdiction to be totally
X		Date	/ /

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