If you do not receive your Voter Registration Certificate within 30 days -- contact your county Voter Registration Official to find out if there's a problem to correct.

Find your county Voter Registration Official: https://www.sos.state.tx.us/elections/voter/votregduties.shtml county 281-341-8670; Harris county 713-274-8200

CHECK YOUR VOTER REGISTRATION INFORMATION: VoteTexas.gov Am I Registered?

HOW TO COMPLETE THE TEXAS VOTER REGISTRATION APPLICATION

Follow the instructions on the back of the Texas Voter Registration Application, but here is some help if you need it.			
		Texas Voter Registration Application Prescribed by the Office of the Secretary of State VR17.2016E.I3	For Official Use Only
Section 1 You must answer the citizenship and age questions. You must be at least 17 years and 10 months old to register to vote.		Please complete sections by printing LEGIBLY. If you have any questions about how to fill out this application, please call your local voter registrar.	
be at least 17 years	and 10 months old to register to vote.	1 These Questions Must Be Completed Before Proceedi	ng (Check one) for a Replacement Card
Section 2 Your full name as it appears on your government ID, including any middle name. If applicable, include your former/maiden name.		Are you a United States Citizen?	□ No
		Will you be 18 years of age on or before election day?	□ No.
		If you checked 'No' in response to either of the above, do not complete	this form.
0 11 0 V D 1		Are you interested in serving as an election worker?	□ No
Section 3 Your Residence Address must be a street address or a description of the location of the residence. For apartments, condos, duplexes, etc., don't forget your unit number.		2 Last Name Include Suffix if any (Jr, Sr, III) First Name (If any)	Former Name (if any)
		Residence Address: Street Address and Apartment Number. If none, describe where you live. (Do not include P.O. Box, Rural Rt. or Business Address)	TEXAS
Section 4 If you want your Voter Registration Card to go to a different address, otherwise leave it blank.		County	Zip Code
		4 Mailing Address: Street Address and Apartment Number. (If mail cannot be delivered to your residence address.)	State
C .: 515 1:		V	Zip Code
Section 5 If you lived somewhere else in Texas before, the name of that City and County.		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			lumber (Optional)
Sections 6, 7 and 8 Your birthdate, in MM/DD/YYYY format. Sections 7			
and 8 are optional.	It is useful to include a phone number so you can be contacted if there are questions about processing your application.	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 give last 4 digits of your Social III.	
Section 9 Provide either your Texas Driver License or Personal		XXX-XX-	
Identification Card number. If you don't have one of those, give the last four digits of your Social Security Number. If you don't have any of these, you must select the small box in this section indicating that.		I have not been issued a Texas Driver's License/Personal Identification Number or Social Security Number.	
		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 <u>three</u> 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 	
Section 10 Before signing your name and dating the Texas Voter Registration Application, read the statements to make sure they are true. If they are not, or if you have questions, please contact your		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	ote.
County's Elections Department before proceeding. If they are true, sign		X Date	/ /
your name and date the form, seal it and put it in the mail. If you are		Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Si	gned by Witness and Date.

relationship is to that person next to your signature.