



HARRIS COUNTY
REGISTRAR OF VOTERS
PO BOX 3527
HOUSTON TX 77253-9899

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VOTER REGISTRATION APPLICATION ATTACHED

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HOUSTON, TX

*****AUTO**
ELEANOR ABNEY CULBERSON



Please return the application in the attached envelope.
Important Voter Registration Information Inside

Register to vote at your current address by
October 11, 2022
To vote in the November 8, 2022 Election.

THE TIME FOR CHANGE IS NOW.

The Texas abortion ban is one of the most extreme abortion laws in the country. Doctors are threatened with losing their license and life in prison for performing abortion. Women are being denied life-saving care for miscarriages and pregnancy complications.

YOUR VOICE IS YOUR VOICE



Register to Vote in 4 easy steps!

1
Fill out
sections
1, 2 & 3

2
Sections
6 - 10 are also
required

3
Sign & Date

4 Fold up your form and put it in the attached return envelope

Texas Voter Registration Application		For Official Use Only	
<small>Prescribed by the Office of the Secretary of State</small>		<small>VK17.2014E.13</small>	
<small>Please complete sections by printing LEGIBLY. If you have any questions about how to fill out this application, please call your local voter registrar.</small>			
1 These Questions Must Be Completed Before Proceeding (Check one)			
<input type="checkbox"/> New Application	<input type="checkbox"/> Change of Address, Name, or Other Information	<input type="checkbox"/> Request for a Replacement Card	
Are you a United States Citizen?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be 18 years of age on or before election day?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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="checkbox"/> Male <input type="checkbox"/> Female	(□□□) □□□-□□□□	
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-□□□□	
<input type="checkbox"/> 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 <u>three</u> statements to affirm before signing.			
<ul style="list-style-type: none"> 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		Date ____/____/____	
Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date.			



STOP ABORTION BANS. REGISTER TO VOTE!



Planned Parenthood
Act. No matter what.
Planned Parenthood Texas Votes