



# YOUR VOICE

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.

**THE TIME FOR CHANGE IS NOW.**

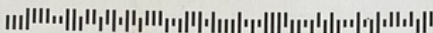
Register to vote at your current address by

**October 11, 2022**

To vote in the November 8, 2022 Election.



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



\*\*\*\*\*AUTO\*\*  
W K HOFFMAN JR

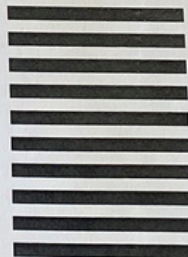
PSRST STD  
US POSTAGE  
PAID  
PERMIT  
NO. 2441  
HOUSTON, TX

**VOTER REGISTRATION APPLICATION ATTACHED**

▼ OPEN HERE ▼



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

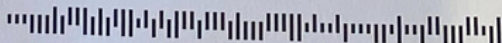


**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO. 4511 AUSTIN, TX

POSTAGE WILL BE PAID BY ADDRESSEE

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





▲ OPEN HERE ▲

# VOTER REGISTRATION APPLICATION ATTACHED

PRST STD  
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®  #43

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# 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

Prescribed by the Office of the Secretary of State

VR17 2016E.D

Please complete sections by printing LEGIBLY. If you have any questions about how to fill out this application, please call your local voter registrar.

### 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)

☐ Male

☐ Female

8 Telephone Number (Optional) Include Area Code

()-

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 one year in jail, a fine up to \$4,000, 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

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







# YOUR VOTE IS YOUR VOICE

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