



Hardin County Elections Department

300 W. Monroe St, Suite B-110

P.O. Box 159, Kountze, Texas 77625

Completely fill out the registration form on the following page, print it, sign it and mail it to the address below. If you have any questions, please call the voter registrar's office at 409-209-5445.

Send to:

Hardin County Voter Registrar

P.O. Box 159

Kountze, TX 77625

TEXAS VOTER REGISTRATION APPLICATION

Prescribed by the Office of the Secretary of State
For Official Use Only

Instructions

- Please complete sections by printing legibly.
- If you have any questions about how to fill out this application, please call your local voter registrar.
- Visit sos.texas.gov or votetexas.gov for additional election information.
- Este formulario está disponible en español. Por favor llame a su registrador de votantes local para conseguir una versión en español.

Qualifications to vote

- You must register to vote in the county in which you reside.
- Be a United States citizen.
- Be at least 17 years and 10 months old to register, and be 18 years of age by Election Day.
- Not be finally convicted of a felony, or if you are a felon, you must have completed all of your punishment, including any term of incarceration, parole, supervision, period of probation, or you must have received a pardon.
- Not have 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.

Eligibility

- 1 Are you a citizen of the United States of America?..... ☐ 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 these questions, do not complete this form.**

Check the box that applies to you

- 2 ☐ New Application ☐ Change of Address, Name, or Other Information
- ☐ Request a Replacement Certificate

Voter information

First Name _____ Middle Name (if any) _____

Last Name (include suffix: Jr., Sr., III) _____

3 Former Name (if any) _____

Date of Birth (mm/dd/yyyy) / /

Residence address

No P.O. Box, Rural Route, or business address

4 Number and Street (if none, describe where you live) _____ Apt/Unit _____

City _____ TEXAS _____ Zip Code _____ County _____

Mailing address

Skip if same as residence

5 Number and Street _____ Apt/Unit _____

City _____ State _____ Zip Code _____

Previous residence address

Skip if same as residence

6 Number and Street (if none, describe where you lived) _____ Apt/Unit _____

City _____ State _____ Zip Code _____ County _____

Identification

You must provide one of the following numbers

7 Texas Driver's License (TX DL) or Texas Identification (TX ID) Card number (issued by the Texas Department of Public Safety):

OR I have not been issued a TX DL or TX ID Number, and the last four digits of my Social Security Number are: XXX - XX -

OR ☐ I do not have a TX DL, TX ID, or Social Security Number

Optional information

8 Telephone Number _____ I am interested in serving as an election worker ☐ Yes ☐ No Gender ☐ Male ☐ Female



Applicant, sign here

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- 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.
 - 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.
 - I am a resident of this county and a U.S. citizen.
 - 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.

Signature of applicant or signature of agent and relationship to applicant or printed name of applicant (if signed by witness)

Date (mm/dd/yyyy)

X

/ /

For Volunteer Deputy Registrar Use Only

Application must be delivered to local voter registrar no later than 5 days after receipt

Deputy Number _____ Signature of Volunteer Deputy Registrar _____ Date (mm/dd/yyyy) _____

REGISTRATION RECEIPT

Name of Applicant/Applicant's Agent (if applicable)	Receipt Number
Name of Volunteer Deputy Registrar	Deputy Number
Signature of Volunteer Deputy Registrar	Date (mm/dd/yyyy)

You should receive your Voter Registration Certificate within **30 days**. Please keep this receipt until you receive the certificate from your local voter registrar.