



Bastrop County Volunteer Deputy Registrars Should. . .

- Offer VDR applications to any Bastrop County resident 17 years and 10 months or older.
- Assist voters who cannot read/write or have a physical disability.
- Receive and review applications for completeness and legibility.
- Complete the VDR application receipt and issue it to the applicant.
- Return completed applications to the Elections Department within 5 calendar days.
- Give non-Bastrop County residents a postage-paid walk-away application – ideally addressed to the Bastrop County Voter Registrar.
- Return voided applications to the Voter Registrar. Never destroy a voter registration application.



1. *Signed* and Citizenship ✓
2. L-E-G-I-B-L-E
3. At least **17 yrs 10 mos**
4. **ID** or **Social Security #**
5. **Bastrop** County only!

Texas Voter Registration Application

For Official Use Only

Prescribed by the Office of the Secretary of State VR17.2016E.13

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)
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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="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	(<input type="text"/>) <input type="text"/> - <input type="text"/>

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
<input type="text"/>	XXX-XX- <input type="text"/>
<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 180 days, a fine up to \$2,000, 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.

Signature of Volunteer Deputy Registrar VDR# Date



Bastrop County Elections
 804 Pecan Street, Bastrop, Texas 78602
 512-581-7160 www.bastropvotes.org

Detach and give this receipt to the applicant. The applicant should retain this receipt as proof of voter registration. A Voter Certificate will be mailed within 30 days.

 Name of Applicant / Applicant's Agent (if Applicable)

 Applicant's Residence Address City Zip Code

 Signature of Volunteer Deputy Registrar VDR# Date

- Ensure the first three sections are completed.
- LAST, FIRST, and MIDDLE names should match the names on the applicant's driver's license – as well as any FORMER names or SUFFIXES, if applicable.
- The PHYSICAL ADDRESS where the applicant lives. The residence must be in BASTROP COUNTY.
- The address where the applicant receives mail, if different from their residence address.
- If voter was registered in another county in Texas.
- Date of birth
- Gender is OPTIONAL
- The telephone number is OPTIONAL, but the Bastrop County Elections Department uses the number to resolve any questions or issues that may arise. This number is kept PRIVATE within the office and NEVER sold nor distributed.
- TDL, DPS ID#, or SSN only. If the applicant has not been issued such a number, check the appropriate box.
- Ask the applicant to read Section 10 before signing and dating the application.

REVIEW the application for **LEGIBILITY** and **COMPLETENESS**.

Complete and sign the application and VDR receipt. Give the receipt to the applicant. Advise the applicant to save the VDR receipt until their Voter Certificate arrives in the mail. **The voter should contact the Elections Department if the Certificate does not arrive in 30 days.**

RETURN THE VDR APPLICATION TO THE VOTER REGISTRAR WITHIN 5 DAYS OF RECEIVING IT.