

Attachment A
Declaration to Vote by Mail Because of Blindness

My name is _____ . I am registered to vote
in the County of Bexar, Texas. My address is

I am legally blind, meaning I have central visual acuity of 20/200 or less in the better eye with the use of a correcting lens and/or a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees or I am otherwise substantially limited in the major life activity of seeing.

I understand that a person commits an offense if the person knowingly provides false information on an application for ballot by mail. This Declaration is made in accordance with Texas Civil Practice and Remedies Code §132.001, and I declare under penalty of perjury that the foregoing is true and correct.

I understand that this form will be reviewed by the Early Voting Ballot Board and may be available to the public.

Executed in the County of Bexar, Texas on _____ , 2024.

Signature

Printed Name

PLEASE NOTE THAT THIS DECLARATION MUST BE PLACED IN THE SAME ENVELOPE AS YOUR APPLICATION TO VOTE BY MAIL