



17th Texas Silver-Haired Legislature Voter Registration Statement

Return this form with Mail-In Voter Ballot.

Statement of Certification

Print Name:

Last Name

First Name

Middle Name

Address:

Address, City, State, Zip

Date of Birth (Optional):

By completing this form, I hereby declare that I am a registered Texas voter, age 60 or older and a resident of Bell, Coryell, Hamilton, Lampasas, Milam, Mills or San Saba counties.

Signature

Date

Please return this form along with your Mail-In Ballot to:

Kerry Phillip, Director
Area Agency on Aging of Central Texas
PO Box 729
Belton TX 76513

Form 108

Mail-In Ballots must be postmarked by midnight April 21, 2017.

*****Your vote will not be counted without including this registration statement with your ballot.*****