

REQUEST FOR DISABILITY EXEMPTION

To the Voter Registrar of Fort Bend County:

Pursuant to Section 13.002(i) of the Texas Election Code, I hereby request a permanent exemption in this county from the requirement to present identification other than the voter registration certificate at the time of voting on the ground that I have a disability and do not have any of the forms of identification listed in Section 63.0101 of the Texas Election Code. The acceptable forms of identification are: **a driver's license, election identification certificate, personal identification card or concealed handgun license issued by the Texas Department of Public Safety; United States Military identification card containing the person's photograph; United States citizenship certificate containing the person's photograph; or United States passport**, and with the exception of the United States Citizenship certificate, the identification presented for voter qualification at the polling place must be current or have expired no more than 60 days before it is presented.

I have attached written documentation from the United States Social Security Administration evidencing that I have been determined to have a disability or from the United States Department of Veterans Affairs evidencing that I have at least a 50 percent disability rating. I understand that the voter registrar will maintain this documentation with other records pertaining to my registration in this county, and that the exemption cannot be granted without this documentation. I further understand that if I move to a new county and register to vote in that county, I will have to submit a new disability exemption request and supporting documentation to the county in which I am registering.

Name	
Residence Address (number and street)	
City, State, Zip Code	
VUID Number	County of Residence

I certify that the information in this document is true and correct.

Sign
Here ► _____ Date ► _____

Assistant/Witness
If voter cannot sign, voter's mark must be witnessed. If voter cannot make a mark, witness must check here _____. If the voter is unable to read and/or mark this form, the witness must fill out the information below.
X _____ / _____ Printed name and Signature of Witness
_____ Residence Address of person named above or title if being witnessed by the voter registrar's office.

For Office Use Only	VUID # _____ Proof of Disability Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Voter Reg. Dept. Signature _____
	Date _____
	Comments: _____