



**STATEMENT OF RESIDENCE (DECLARATION)**

For persons whose residence address does not match voter registration  
(Para personas cuya dirección no coincide con la que aparece en la lista electoral)

**ELECTION** Important Instructions on Back.  
las instrucciones importantes al Cado reverso)

Last Name (Apellido usual) <u>Rodriguez</u>	First Name (NOT HUSBANDS) (Su nombre de pila) (Siendo mujer no el del esposo) <u>Eduardo</u>	Middle Name (if any) (Segundo nombre) (si tiene) <u>Reyes</u>	Former Name (Nombre anterior)
Residence Address Street Address and Apartment Number, City, State, and ZIP. If none, describe where you live. (Do not include P.O. Box or Rural Rt.) (Domicilio calle y numero, numero de apartamento ciudad, estado y código postal. A falta de estos datos describe la localidad de su residencia.) (No incluya su apartado postal ni su ruta rural.) <u>700 Baylor Austin TX 78703</u>			
Mailing Address City, State and ZIP. If mail cannot be delivered to your residence address (Dirección postal, ciudad estado y código postal si es imposible entregarle correspondencia a domicilio)			Gender (Optional) (Sexo) (Opcional) <input checked="" type="checkbox"/> Male (Hombre) <input type="checkbox"/> Female (Mujer)
Date of Birth month, day, year (Fecha de nacimiento) (mes día año) <u>7-1-71</u>	Certificate No. (optional) (Número del certificado (opcional)) <u>92047301</u>	Social Security No. (Optional) (Número de Seguro Social) (opcional)	
I affirm that I still reside within (give county and political subdivision conducting the election) (Declaro que sigo residiendo en (ponga el nombre del condado y subdivisión política donde se celebra la elección)) <u>Travis County</u>		TX Driver's License No. or Personal ID No. (Issued by TX Dept. of Public Safety) (Optional) (Número de su licencia tejana de manejar o de su Cédula de Identidad expedida por el Departamento de Seguridad Pública de Texas) (opcional)	
The information provided is true (Declaro que estos datos que proporciono son ciertos)  <u>[Signature]</u> Signature of Voter and Date (Firma del votante y fecha)		<b>When voting by mail, if this statement is not returned, your ballot will not be counted. (Cuando votación es por correo si no se devuelve la declaración no se contará su boleta)</b>	
Prescribed by Secretary of State 9/95 sec 63 0011 DPNJ 3 1 95			

(Vea las instrucciones importantes al lado reverso)

Last Name (Apellido) <b>RODRIGUEZ</b>	First Name (NOT HUSBAND'S) (Su nombre de pila) (Si es mujer, no el del esposo) <b>EDUARDO</b>	Middle Name (if any) (Segundo nombre) (si tiene) <b>R.</b>	Former Name (Nombre anterior)
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Residence Address Street Address and Apartment Number, City, State, and ZIP. If none, describe where you live. (Do not include P.O. Box or Rural Rt.)  
(Domicilio calle y número número de apartamento ciudad estado y código postal. A falta de estos datos describe la localidad de su residencia.) (No incluya su apartado postal ni su ruta rural)

**2600 PENNY LANE #124, Austin 78757**

Mailing Address, City, State and ZIP. If mail cannot be delivered to your residence address (Dirección postal, ciudad estado y código postal si es imposible entregarle correspondencia a domicilio)

Gender (Optional)  
(Sexo) (Opcional)  
 Male (Hombre)  Female (Mujer)

Date of Birth month, day, year  
(Fecha de nacimiento) (mes, día, año)

**7/01/71**

Certificate No. (optional)  
(Número del certificado) (opcional)

**92047301**

Social Security No. (Optional) (Número de Seguro Social) (opcional)

I affirm that I still reside within (give county and political subdivision conducting the election) (Declaro que sigo residiendo en (ponga el nombre del condado) y subdivisión política donde se celebrará la elección)

**TRAVIS COUNTY**

The information provided is true (Declaro que estos datos que proporciono son ciertos)

Signature of Voter and Date  
(Firma del votante) (fecha)

**X [Signature]**

TX Driver's License No. or Personal ID No. (Issued by TX Dept. of Public Safety) (Optional) (Número de su licencia Texas de manejar o de su Cédula de Identidad expedida por el Departamento de Seguridad Pública de Texas) (opcional)

**When voting by mail, if this statement is not returned, your ballot will not be counted. (Cuando votación es por correo, si no se devuelve la declaración, no se contará su boleta.)**

LAST NAME <b>Rodriguez</b>	FIRST NAME (NO. HYPHENS) <b>Eduardo</b>	MIDDLE NAME (IF ANY) <b>Rene</b>	STUDENT NAME <b>MA</b>
SEX <b>M</b>	DATE OF BIRTH (month day year) <b>07-01-71</b>	PLACE OF BIRTH (city or county state or foreign country) <b>McAllen, Texas</b>	COUNTY AND ADDRESS OF FATHER'S RESIDENCE <b>Austin</b>

RESIDENCE ADDRESS (STREET ADDRESS AND APARTMENT NUMBER, CITY, STATE, AND ZIP. IF NONE, DESCRIBE LOCATION OF RESIDENCE. (DO NOT INCLUDE P.O. BOX OR RURAL ROUTE ADDRESS))  
**2600 Penny Lane #124 Austin, Texas 78758**

MAILING ADDRESS (CITY, STATE AND ZIP. IF MAIL CANNOT BE DELIVERED TO YOUR RESIDENCE ADDRESS, LIST MAILING ADDRESS)  
**Same as above**

APPLICANT IS A UNITED STATES CITIZEN AND A RESIDENT OF THE COUNTY AND HAS NOT BEEN FINALLY CONVICTED OF A FELONY OR IF A FELONY ELIGIBLE FOR REGISTRATION UNDER SECTION 13.002, ELECTION CODE. I UNDERSTAND THAT GIVING FALSE INFORMATION TO OBTAIN A VOTER REGISTRATION IS A MISDEMEANOR.

SIGNATURE OF APPLICANT OR AGENT OR PRINTED NAME OF APPLICANT IF SIGNED BY WITNESS  
**x Eduardo Rene Rodriguez**

SOCIAL SECURITY NO.  
 TELEPHONE NO. (OPTIONAL)  
 TX DRIVER'S LICENSE NO. OR PERSONAL ID NO. (ISSUED BY TX DEPT. OF PUBLIC SAFETY) (OPTIONAL)  
**03102278**

FOR WITNESS (NAME) \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_

THE DOWNGRADING OF SOCIAL SECURITY NUMBER IS VOLUNTARY. IT IS SUBMITTED BY AUTHORITY OF SEC. 13.012 AND WILL BE USED ONLY TO MAINTAIN THE ACCURACY OF THE REGISTRATION RECORDS.

**AFFIDAVIT/STATEMENT OF RESIDENCE (AFIDAVITO DECLARACION JURADA DE RESIDENCIA)**

For Driver Use Only

For persons on list of returned registration certificates or who have moved within one year  
 Para personas que figuran en la lista de cedulas de inscripcion devueltas por el correo o personas que cambiaron de domicilio durante el ultimo año

Last Name (Apellido): <u>Valderrama</u>	First Name (NOM) NUMERO 01 (Nombre de PBI) NOMBRE DEL ESPOSO: <u>Eduardo</u>	Married Name (if any) (Segunda Nombre) (si none) (Nada)	Maiden Name (Apellido de Soltera)
Date of Birth (Fecha de nacimiento) day year (Día de Mes/Año) 14 1971	Place of Birth city or county state or foreign country (Lugar de Nacimiento) Ciudad o condado/ Estado o país extranjero	Registration Certificate Number (Número del certificado de registro)	
Residence Address Street Address and Apartment Number City State and ZIP. If none describe location of residence. (Do not include P.O. Box or Rural R#) (Dirección de Residencia Calle y Número de Departamento Ciudad Estado y Zona Postal si no tiene describe la localidad de su residencia) (No incluye su caja postal o ruta rural) <u>611 W 31 1/2 P...</u>			
Mailing Address City State and ZIP. If mail cannot be delivered to your residence address. (Dirección Postal Ciudad Estado y Zona Postal) (Si no imposible entregar correspondencia a su dirección) <u>same as above</u>			
TX Driver's License No. or Personal ID No. Issued by TX Dept. of Public Safety (DyPSS) (Número de Licencia de Conducir de Texas o Número de Identificación Personal) Emitido por el Departamento de Seguridad Pública de Texas (Licenciatura)		SEE REVERSE SIDE FOR INSTRUCTION (VER AL LADO REVERSO PARA LEER INSTRUCCIONES) Prescribed by Secretary of State Section 1A 052 Session Code 9/83	

I swear or affirm that I will reside within \* (Juro o afirmo que residiré dentro de)

Texas, Tx

State of Texas County of \_\_\_\_\_

Estado de Texas Condado de \_\_\_\_\_

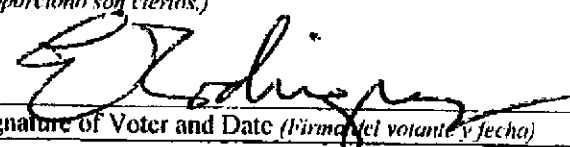
Sworn to and subscribed to me this 14 day of July 19 71

Jurado y suscrita ante mí este día 14 de Julio de 1971

Eduardo Valderrama  
Signature of Voter (Firma del votante)

\_\_\_\_\_  
Signature of officer administering oath (Firma del oficial que administra el juramento)

Last Name <b>Rodriguez</b>		First Name (SUI HUSBANDS) <b>Eduardo</b>		Middle Name (If any) <b>Rene</b>	Maiden Name
Date of Birth: month day year <b>M 07-01-71</b>		Place of Birth: city or county state or foreign country <b>M<sup>o</sup> Allen TX</b>			
Residence Address: Street Address and Apartment Number City State and ZIP. If none describe location of residence. (Do not include P.O. Box or Rural RT.) <b>611 W 31<sup>1</sup>/<sub>2</sub> Austin TX 78705</b>					
Mailing Address: City State and ZIP. If mail cannot be delivered to your residence address. <b>611 W 31<sup>1</sup>/<sub>2</sub> Austin TX 78705 (same)</b>					
Applicant is a United States citizen and a resident of the county and has not been finally convicted of a felony or of a felon eligible for registration under section 13.001 Election Code. I understand that giving false information to procure a voter registration is a misdemeanor.				Social Security No.	
Signature of Applicant or Agent or Printed Name of Applicant if Signed by Witness <b>Eduardo Rene Rodriguez</b>				Telephone No. (Optional)	
				TX Driver's License No. or Personal ID No. (Issued by TX Dept of Public Safety) (Optional)	
The 3 parts of applicant's name is: <b>EDUARDO RENE RODRIGUEZ</b>				Point of Naturalization: If Applicable No.	
The absence of social security number is voluntary. It is selected by authority of Sec. 13.12, and will be used only to maintain the accuracy of the registration record.				Relationship:	

<i>(Apellido usual)</i> Rodriguez	<i>(Su nombre de pila)</i> Eduardo	<i>(Segundo nombre) (si tiene)</i> Rene	<i>(Nombre anterior)</i>
Residence Address: Street Address and Apartment Number, City, State, and Zip. If none, describe where you live. (Do not include P.O. Box or Rural Rt.) <i>(Domicilio: calle y número de apartamento, ciudad, estado, y código postal. A falta de estos datos, describa la localidad de su residencia.) (No incluya su apartado postal ni su ruta rural.)</i> 1910 Haskell Austin Tx 78702			
Mailing Address: Address, City, State and ZIP: If mail cannot be delivered to your residence address. Please complete even if mailing address has not changed. <i>(Dirección postal, ciudad, estado y código postal (Si es imposible, entregarle correspondencia a domicilio. Aunque no haya cambiado de dirección postal, por favor complete esta constancia.)</i> 1910 Haskell Austin, Tx 78702		Gender (Optional) <i>(sexo) (Opcativo)</i> <input checked="" type="checkbox"/> Male (Hombre) <input type="checkbox"/> Female (Mujer)	
Date of Birth: month, day, year <i>(Fecha de nacimiento): (mes, día, año)</i> July 1, 1971	Certificate No. (optional) <i>(Núm. del certificado (opcativo))</i> 92047301	TX Driver's License No. or Personal I.D. No. (Issued by TX Dept of Public Safety) If none, last 4 digits of Social Security No. <i>(Número de su licencia tejana de manejar o de su Cédula de Identidad expedida por el Departamento de Seguridad Publica de Tejas) (si ninguno, los últimos 4 números de su cédula de seguro social.)</i>	
I affirm that I still reside in (give county and political subdivision conducting the election) <i>(Declaro que sigo residiendo en (ponga el nombre del condado y subdivisión política donde se celebrará la elección)</i> Travis		When voting by mail, if this statement is not returned, your ballot will not be counted. <i>(Cuando votación es por correo, si no se devuelve la declaración, no se contará su boleta.)</i>	
The information provided is true. <i>(Declaro que estos datos que proporciono son ciertos.)</i> X  Signature of Voter and Date <i>(Firma del votante y fecha)</i>			

# Update your address you vote.

If your new address is 0 1142992574 RODRIGUEZ, EDUARDO R  
1910 HASKELL ST  
AUSTIN 439A County, YOU MAY NOT VOTE in Travis County.  
Please see an election worker for voting information.

## STATEMENT OF RESIDENCE FORM

For persons whose residence address does not match their voter registration address.

<b>Last Name</b> (include suffix, if any): Rodriguez	<b>First Name:</b> Eduardo	<b>Middle Name</b> (if any): Rene
<b>Former Name</b> (if any):	<b>Date of Birth</b> (month, day, year): 07/01/1971	<b>Gender</b> (Optional) <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
<b>Residence Address:</b> Street Address and Apartment Number, City, State, and Zip. If none, describe where you live. (Do not include P.O. Box or Rural Rt.) 2235 E. 6th #216, Austin, TX 78702		<b>County of New Address</b> Travis
<b>Mailing Address:</b> Address, City, State, and Zip (If mail cannot be delivered to your residence address). 1108 Lavaca St. Suite 110-189, Austin, TX 78701		
<b>Texas Driver's License or Personal ID No.:</b> (Issued by the Department of Public Safety)	<b>If no Texas Driver's License or Personal ID, give last four digits of your Social Security No.:</b> XXX - XX - _____	

Check here if you have not been issued a Texas Driver's License/Personal ID Number or Social Security Number.

**I swear or affirm by my signature below that:**

- I am a resident of Travis County and a U.S. Citizen (see election worker if new address is not in Travis County);
- 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 

05/9/2011

Signature of Applicant or Agent and Relationship to Applicant or  
Printed Name of Applicant if Signed by Witness and Date.

Date

If it is determined that your residence address listed on this form is in a different county, this form will be forwarded to the voter registrar of the new county to transfer your registration. You will receive a voting certificate from the voter registrar in your new county.

### THIS FORM MUST BE RETURNED IF YOU ARE VOTING BY MAIL

When voting by mail, complete and return this form with your ballot. If this form is NOT completed and returned, your ballot will NOT be counted.

**Instructions for voting by mail:** The residence address on your application for ballot by mail does not match the residence address at which you are registered to vote or the voter registrar has received information which indicates that you may have moved. You must complete this form and return it in the carrier envelope with your voted ballot **OTHERWISE YOUR BALLOT WILL NOT BE COUNTED.**

Your statement of residence form will be reviewed before your ballot is counted to determine that your permanent residence address is still in the political jurisdiction. The residence address on the application for ballot by mail must be the same as the residence address on the statement of residence form. The statement of residence form will be forwarded to the voter registrar to change your voter registration records. You will be mailed a new voting certificate indicating your new precinct (if applicable) and residence address.

Call 512-854-4996 or email us at [election@co.travis.tx.us](mailto:election@co.travis.tx.us) if you have any questions.



# Texas Voter Registration Application

For Official Use Only

Prescribed by the Director of the Secretary of State

VTR 12011E, D

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) <i>Rodriguez</i>	First Name <i>Eduardo</i>	Middle Name (if any) <i>René</i>	Former Name (if any)
3 Residence Address: Street Address and Apartment Number. If none, describe where you live. Do not include P.O. Box, Rural R. or Business Address. <i>1610 Garden St.</i>		City <i>Austin</i>	State <i>TEXAS</i>
		County <i>Travis</i>	Zip Code <i>78702</i>
4 Mailing Address: Street Address and Apartment Number. (If mail cannot be delivered to your residence address.) <i>Same</i>		City	State
			Zip Code
5 Date of Birth: (mm/dd/yyyy) <i>07/01/1971</i>	6 Gender (Optional) <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	7 Telephone Number (Optional) Include Area Code ( ) - -	

8 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

XXX-XX- -

I have not been issued a Texas Driver's License/Personal Identification Number or Social Security Number.

9 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 E Rodriguez*

Date *08/07/2013*

Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date.

*Cynthia A Flint*

*293*

*8/7/2013*

Signature of Volunteer Deputy Registrar

VDR#

Date