

Last Search

VRC Number

I

00277180

TRISTAN, NOEL

Election Code	Election Date	Party Code	Voted Contest	Date Voted	Place Voted	Precinct
G16	11/08/2016			10/24/2016	0140	329
GA16	5/07/2016			5/07/2016	0142	329
G14	11/04/2014			11/04/2014	0142	329
G10	11/02/2010			11/02/2010	1565	
P10	3/02/2010	REPB		2/26/2010	0714	
G09	11/03/2009			11/03/2009	1565	
GA09	5/09/2009			5/09/2009	1565	
G08	11/04/2008			10/31/2008	0830	
G04	11/02/2004			11/02/2004		
G18	11/06/2018			11/01/2018	0830	329

Texas Voter Registration Application

For Official Use Only

VR17.11E13

Please mail this application to:

REGISTRAR OF VOTERS
P.O. BOX 1748
AUSTIN, TX 78767

1

Application Type: New

Are you a United States Citizen? Yes

Are you interested in serving as an election worker? No

Continue below to complete application.

Form with fields: 2 Last Name, First Name, Middle Name, Former Name; 3 Residence Address, City, County, State, Zip Code; 4 Mailing Address, City, State, Zip Code; 5 Date of Birth, Gender, Telephone Number; 8 TX Driver's License No. or Texas Personal I.D. No.

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

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 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 [Handwritten Signature]

2, 27, 2018
Date

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

12235900	VUID	1131902410	VRC	C - 1106325
Last Name		First Name		Middle Name
TRISTAN		NOEL		
Former Name				

Residence Address: Street Address and Apartment Number, City, State, Zip
 3406 BONNIE RD AUSTIN TX 78703-2602 TRAVIS

Mailing Address: Street Address and Apartment Number or P.O. Box, City, State, Zip	Gender
3406 BONNIE RD TX 78703-0000	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female

Date of Birth: month, day, year
 12/25/1978

Check appropriate box: I AM A UNITED STATES CITIZEN Yes No

TX Driver's License No. or Personal I.D. No.

Are you interested in serving as an election worker?
 Yes No

DPS DIGITAL SIGNATURE APPLICATION

Check One:
 New Change Replacement

04/25/2019
 Date

X 
 Signature

For Official Use Only: The applicant listed below has applied for a Travis County Voter Registration Certificate

Signature of Deputy Voter Registrar [Signature] Date 10/04/04

Texas Voter Registration Application

For Official Use Only

Prescribed by the Office of the Secretary of State 17-04 BPM1.1-04

Complete These Questions Before Proceeding Check one New Change Replacement

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 these questions, do not complete this form.

Have you ever voted in this county for a federal office? Yes No

If you answered "no" to this question, see special instructions regarding identification requirements below

• Continue below to complete application.

Last Name	First Name	Middle Name (if any)	Former Name
Tristan	Noel		

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.)

2716 Burton Creek Blvd #1227 Austin TX
Mailing Address: Address, City, State and ZIP. If mail cannot be delivered to your residence address 78735

Date of Birth: month, day, year 12-25-78 Gender (Optional) Male Female

TX Driver's License No. or Personal I.D. No. (Issued by the Department of Public Safety) If none, give last 4 digits of your Social Security Number

Check if you do not have a Social Security, driver's license, or personal identification number

Telephone Number - Include Area Code (Optional)

City and County of Former Residence in Texas

COMAL

I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law. I affirm that I

- am a resident of this county;
- 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
- have not been declared mentally incompetent by final judgment of a court of law.

[Signature] 10.4.04
Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date.

Texas Voter Registration Application

Please complete sections by printing legibly. If you have any questions about how to fill out this application, please call the Secretary of State's Office toll-free at 1-800-252-VOTE (8683), TDD 1-800-735-2989.

- You must register to vote in the county in which you reside.
- You must be a citizen of the United States.
- You must be at least 17 years and 10 months old to register, and you must be 18 years of age by election day.
- You must not be finally convicted of a felony, or if you are a felon, you must have completed all of your punishment, including any term of incarceration, parole, supervision, period of probation, or you must have received a pardon.

General Information

- Your voter registration will become effective 30 days after it is received or on your 18th birthday, whichever is later.
- If you move to another county, you must re-register in the county of your new residence.
- If you decline to register to vote, the fact that you have declined to register will remain confidential and will be used only for registration purposes. If you do register to vote, the identity of the office (if applicable) at which you submitted a voter registration application will remain confidential and will

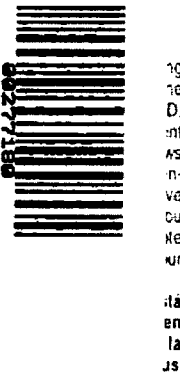
be used only for voter registration purposes

- You must provide your driver's license or personal identification number. If you do not have a driver's license or personal identification, then give the last four digits of your social security number. If you do not have either of these identification numbers, then you must provide the last four digits of your Social Security Number in the box on the application.

Identification Requirements

If you are submitting this form by mail for the first time in this county, you must follow with your application: a copy of a current utility bill; a check; paycheck; or other government document showing your name and address. If you do not have any of these documents, you must be registered to vote in person or enclose a copy of a ballot if you vote by mail.

Este formulario para inscribirse disponible en Español. Para Español favor de llama sin costo a la oficina del Secretario de Estado



Put in a stamped envelope and mail to Travis County Voter Registrar, P.O. Box 1748, Austin, TX 78767

Voter Registration Application

Before completing this form, review the General, Application, and State specific instructions.

Are you a citizen of the United States of America? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Will you be 18 years old on or before election day? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If you checked "No" in response to either of these questions, do not complete form. (Please see state-specific instructions for rules regarding eligibility to register prior to age 18.)	This space for office use only. <div style="font-size: 2em; font-family: cursive;">TRAVIS - TX</div> <div style="font-size: 1.5em; font-family: cursive;">00277/80</div>	
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1	(Circle one) <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Last Name tristan	First Name noel	Middle Name(s)			
2	Home Address 2600 Lake Austin Blvd.		Apt. or Lot # 4305	City/Town Austin	State TX	Zip Code 78703	
3	Address Where You Get Your Mail If Different From Above				City/Town	State	Zip Code
4	Date of Birth 12 / 25 / 78 <small>Month Day Year</small>		5	Telephone Number (optional)		6	ID Number - (See Item 6 in the instructions for your State)
7	Choice of Party (see item 7 in the instructions for your State) no party		8	Race or Ethnic Group (see item 8 in the instructions for your State) Hispanic			

<p>9 I have reviewed my state's instructions and I swear/affirm that:</p> <ul style="list-style-type: none"> ■ I am a United States citizen ■ I meet the eligibility requirements of my state and subscribe to any oath required. ■ The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be fined, imprisoned, or (if not a U.S. citizen) deported from or refused entry to the United States. 	<div style="text-align: center;"> <p>Please sign full name (or put mark) ▲</p> </div> <div style="text-align: center; margin-top: 10px;"> Date: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;">05</td> <td style="width: 30px; text-align: center;">15</td> <td style="width: 30px; text-align: center;">2008</td> </tr> <tr> <td style="font-size: 0.8em;">Month</td> <td style="font-size: 0.8em;">Day</td> <td style="font-size: 0.8em;">Year</td> </tr> </table> </div>	05	15	2008	Month	Day	Year
05	15	2008					
Month	Day	Year					

If you are registering to vote for the first time: please refer to the application instructions for information on submitting copies of valid identification documents with this form.

Please fill out the sections below if they apply to you.

If this application is for a change of name, what was your name before you changed it?

A	Mr. Mrs. Miss Ms.	Last Name	First Name	Middle Name(s)		
B	Street (or route and box number)		Apt. or Lot #	City/Town/County	State	Zip Code

If you live in a rural area but do not have a street number, or if you have no address, please show on the map where you live.

C	Write in the names of the crossroads (or streets) nearest to where you live. Draw an X to show where you live. Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark.	<div style="text-align: right;">NORTH ↑</div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: 1px solid black;">Example</td> <td style="width: 5%; border: 1px solid black; text-align: center;">Route #2</td> <td style="width: 75%; border: 1px solid black;"> <div style="text-align: center;">● Grocery Store</div> <div style="text-align: center;">Woodchuck Road</div> </td> </tr> <tr> <td style="border: 1px solid black;">Public School ●</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black; text-align: center;">X</td> </tr> </table> </div>	Example	Route #2	<div style="text-align: center;">● Grocery Store</div> <div style="text-align: center;">Woodchuck Road</div>	Public School ●		X
Example	Route #2	<div style="text-align: center;">● Grocery Store</div> <div style="text-align: center;">Woodchuck Road</div>						
Public School ●		X						

If the applicant is unable to sign, who helped the applicant fill out this application? Give name, address and phone number (phone number optional)

D	
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Mail this application to the address provided for your State.

Texas Voter Registration Application

For Official Use Only

Prescribed by the Office of the Secretary of State

VR17.2011E.15

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) TRISTAN	First Name NOSL	Middle Name (if any)	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 Rt. or Business Address) 801 W. 5th #302 Austin, TX 78703		City AUSTIN	TEXAS
4 Mailing Address: Street Address and Apartment Number. (if mail cannot be delivered to your residence address.) SAME		County TRAVIS	Zip Code 78703
		City AUSTIN	State TX Zip Code 78703
5 Date of Birth: (mm/dd/yyyy) 12/25/1974	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.



Date 10/6/14

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

3716
VDR#

10/6/14
Date

Solicitud de registro electoral en Texas Exclusivo para uso oficial

Por orden de la Secretaría de Estado VR17.2011S.13

Favor de llenar cada sección con letra de molde LEGIBLE. Si tiene preguntas sobre cómo rellenar este formulario, por favor comuníquese con su registrador de votantes local.

1 Debe contestar estas preguntas antes de proseguir

Marque un recuadro

Nueva solicitud Cambio de domicilio, nombre y/o otra información Reemplazo de tarjeta

¿Es usted ciudadano de los Estados Unidos? Sí No

¿Tendrá 18 años cumplidos antes o el día de la elección? Sí No

~~Si marca No como respuesta, no podrá votar en las elecciones locales que no tiene competencia.~~

¿Tiene interés en participar como trabajador electoral? Sí No

2 Apellido Incluir sufijo si lo hay (Jr, Sr, III)	Primer nombre	Segundo nombre (si aplica)	Nombre anterior (si aplica)
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3 Domicilio residencial: Número y calle, y número de apartamento o interior. Si no existe un domicilio, describa donde vive (no incluya apartados postales, rutas rurales o dirección del trabajo).	Ciudad	TEXAS
	Condado	Código postal

4 Dirección postal: Número y calle, y número de apartamento o interior (si no se puede entregar el correo en su domicilio residencial).	Ciudad	Estado
		Código postal

5 Fecha de nacimiento: (mm/dd/aaaa)	6 Sexo (Optativo)	7 Teléfono (Optativo) Incluye código de área
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Masculino <input type="checkbox"/> Femenino	(<input type="text"/>) <input type="text"/> - <input type="text"/>

8 No. de licencia de conducir de Texas o no. de identificación personal de Texas (Expedido por el Departamento de Seguridad Pública)	Si no tiene licencia de conducir de Texas o no. de identificación personal, proporcione los 4 últimos dígitos de su número de Seguro Social
<input type="text"/>	XXX-XX- <input type="text"/>
<input type="checkbox"/> No tengo licencia de conducir de Texas/Número de Identidad Personal de Texas ni un número de Seguro Social.	

9 Entiendo que el dar información falsa para obtener una tarjeta de registro electoral constituye un delito de perjurio bajo las leyes estatales y federales. Cometer este delito puede resultar en privación de la libertad hasta 180 días, multa de hasta \$2,000 o ambos castigos. Por favor lea cada una de las tres declaraciones antes de firmar.

- soy residente de este condado y ciudadano de los Estados Unidos;
- no he sido condenado por un delito grave, o en caso de ser delincuente, he purgado mi pena por completo, incluyendo cualquier plazo de encarcelamiento, libertad condicional, supervisión, periodo de prueba, o se me otorgó un indulto; y
- no se me ha declarado, total o parcialmente, como discapacitado mental sin derecho al voto, por el fallo final de un juzgado de sucesiones.

X Fecha / /

Firma del solicitante o su agente (apoderado) y relación de éste con el solicitante, o nombre en letra de molde del solicitante si la firma es la de un testigo, y fecha.

Signatura de Diputado Voluntario VDR# Fecha

Certificate / VUID: 1131902410	Transaction ID# TAB_000035000000153	Co Number: 227
Name: Last, First Middle TRISTAN, NOEL	Suffix	Former Name
Residence Address: 110 SAN ANTONIO ST APT 1515 AUSTIN TX 787010000		
Mailing Address: 110 SAN ANTONIO ST APT 1515 AUSTIN TX 787010000		
TDL/ID#/Last 4 of SSN	Date: 20161024	
Date of Birth: 19781225	Gender:	

Statement of Residence

Voter Name and Address Change