

ATTENTION _____ COUNTY ELECTION COMMISSION

Mail, fax or email completed request to your county election commission

I formally "Request an Absentee Ballot" based upon the following information.

1) PRINT NAME _____ 2) PHONE _____

3) ADDRESS WHERE YOU LIVE _____

4) MAIL MY ABSENTEE BALLOT TO THIS ADDRESS _____

5) SOCIAL SECURITY # _____ 6) DATE OF BIRTH _____

7) I WISH TO VOTE IN THE: General Election Primary Election (Republican Democratic) or Other

8) REASON FOR VOTING ABSENTEE (Check One)

- I am over 60 years of age.
I will be outside of this county during all hours of early voting and Election Day.
I am enrolled as a full-time student (or spouse of a student) at an institution inside Tennessee and outside the county where I am registered.
I am a voter with a disability and my polling place is inaccessible.
I reside in a licensed facility, outside the county, providing relatively permanent domiciliary care, i.e. Nursing Home.
I am hospitalized, ill or physically disabled and because of such condition, I am unable to appear at my polling place for this election.
I am a caretaker of a person who is hospitalized, ill or physically disabled.
I am a candidate.
I am on jury duty in a state or federal court.
I am serving as an election official or a member or employee of the election commission on Election Day.
I am observing a religious holiday that prevents me from voting early or on Election Day.
I have a Commercial Drivers License (CDL) (or spouse or a person possessing a CDL or a Transportation Worker Identification Credential (TWIC), will be out of county during early voting and Election Day, and have no specific out-of-county or out-of-state address to receive mail during this time. Enclosed is a copy of my CDL or my spouse's CDL or my TWIC card. The CDL# is _____.
I am a member of the military, spouse or dependent, an activated National Guard member on state orders, overseas citizen and otherwise qualified to vote in Tennessee (must include mailing address outside county even if ballot is emailed). Ballot to be sent: By Mail Email: email address _____

I swear or affirm, under the penalty of perjury, that all information on this form is true and correct and that I am eligible to vote in the election.

8) SIGNATURE OF VOTER _____

(Digital Signature Not Accepted)

If voter is unable to sign their name or make a mark, the person assisting and one witness must also sign their names and provide their addresses.

1. _____ 2. _____
Name and address of person assisting Name and address of person witnessing

FOR COUNTY ELECTION OFFICE USE ONLY:

(Circle One) This Request has been: Approved Rejected on _____ by _____
Voting Precinct/District _____ Application Signature verified on _____ by _____
Ballot Send _____ Ballot Received _____
Ballot Affidavit Signature verified on _____ by _____