

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) ADDRESS ON VOTER REGISTRATION _____

3) MAIL MY ABSENTEE BALLOT TO THIS ADDRESS _____

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

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

7) REASON FOR VOTING ABSENTEE (Check One)

- I am over 60 years of age.
I am a voter covered under the Uniformed and Overseas Citizen Absentee Voting Act
Ballot to be sent: By-Mail Email: email address _____
I will be outside of this county during all hours of early voting and Election Day (must include mailing address outside county to mail absentee ballot)
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 (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 of a person possessing a CDL) or a Transportation Worker Identification Credential (TWIC), will be out of county during early voting & Election Day, & 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 swear or affirm, under the penalty of perjury, that all the information on this form is true and correct and that the voter is eligible to vote in the election.

8) SIGNATURE OF VOTER _____

If voter is unable to sign their name, or receives assistance with this form, the person assisting and one witness must also sign their name and address.
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 OR Rejected on _____ by _____
Voting Precinct/District _____ Application Signature verified on _____ by _____
Ballot Sent _____ Ballot Received _____
Ballot Affidavit Signature verified on _____ by _____