

# Application: Absentee Voting By Mail

Application No. \_\_\_\_\_

1. First: \_\_\_\_\_ Last: \_\_\_\_\_ MI: \_\_\_\_\_

2. Address on Voter Registration: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Check this box if the address above differs from the address on your voter registration card.**

3. Mail my Absentee Ballot to this address: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      5. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

6. I wish to vote in the:  General Election  Primary Election (please indicate \_\_\_ Republican or \_\_\_ Democratic)  Other

7. **Reasons for Voting Absentee:** (CHECK ONE)

- I will be outside the county in which I am registered during the early voting period and on election day during all hours the polls are open.
- I am enrolled as a full-time student (or I am the spouse of a student) at \_\_\_\_\_, \_\_\_\_\_, which is inside Tennessee and outside the county where I am registered.
- I am on the permanent absentee voting register.
- 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 hospitalized, ill or disabled person.
- I am a voter with a disability whose polling place is inaccessible.
- I will be serving on jury duty in state or federal court.
- I am sixty (60) years of age or older.
- I am a candidate for office in the election for which I am applying to vote absentee by mail.
- I am a member of the military, or I am a family member to a member of the military or I am an overseas citizen and otherwise qualified to vote in Tennessee.

Ballot to be sent:  By Mail       Electronically, e-mail address: \_\_\_\_\_

- I will be serving as an election official or a member or employee of the election commission on election day.
- I cannot appear during the early voting period or at my polling place because I will be observing a religious holiday.
- I have a Commercial Drivers License and will be out of the county during the open hours of early voting and election day, and have no specific out-of-county or out-of-state address to receive mail during this time.

**CDL Number is:** \_\_\_\_\_

Therefore, I apply to vote absentee by mail in the election(s) checked above. I declare that I reside at the above address; I **(have not)** **(have)** changed my address since the last election in which I voted; I am a registered voter of the county; and I desire to vote by mail. I also declare that I have not previously voted in this election, nor will I attempt to vote at my polling place on election day.

**Notice: A person who applies to vote absentee by mail who is not entitled to do so commits a felony punishable by not less than two (2) years nor more than twelve (12) years imprisonment or a fine of \$5,000 or both.**

*I, the undersigned, under the penalty of perjury, do swear or affirm that the information contained in this document is true and correct to the best of my knowledge.*

Signature of Voter: \_\_\_\_\_ Date: \_\_\_\_\_

**Assistance Signature:** (Required if voter cannot sign, make a mark, or if assistance is given.)

Signature of Person Assisting: \_\_\_\_\_ Address: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Address: \_\_\_\_\_ Date: \_\_\_\_\_

## BELOW INFORMATION FOR ELECTION COMMISSION USE ONLY!

The signatures above have been compared with the permanent registration records and (ARE) (ARE NOT) the same.

- Application accepted and supplies furnished \_\_\_\_\_
- Application rejected because \_\_\_\_\_ Date: \_\_\_\_\_

Ballot Number(s) \_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_

Registrar's or Deputy's Signature: \_\_\_\_\_