

**STEP 1: Provide all of the information below. Please print.**

**Your Full Legal Name:** \_\_\_\_\_

**Address Where You Live:** \_\_\_\_\_

<b>City:</b> _____	<b>ZIP:</b> _____	<b>County:</b> _____
<b>Date of Birth:</b> _____	<b>Phone:</b> _____	
<b>Full Social Security #:</b> _____	<b>Email:</b> _____	

**Address to Mail the Ballot:**  
 Same as above

<b>City:</b> _____	<b>State:</b> _____	<b>ZIP:</b> _____
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**STEP 2: Select your ballot.**

<input type="checkbox"/> General Election	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**STEP 3: Check your reason for applying to vote by-mail.**

I am 60 years of age or older.

I will be outside my county during all hours of early voting and on Election Day.

I am hospitalized, ill or physically disabled and unable to appear at my polling place to vote (this includes persons who have underlying medical or health conditions which in their determination render them more susceptible to contracting COVID-19 or at greater risk should they contract it).

I am a caretaker of a hospitalized, ill or physically disabled person (this includes voters who care for or reside with persons who have underlying medical or health conditions which in their determination render them more susceptible to contracting COVID-19 or at greater risk should they contract it).

I am a full-time student or spouse of a full-time student outside my county.

I reside in a licensed facility, outside my county, providing relatively permanent domiciliary care, i.e. Nursing Home.

I am a candidate for office in the election.

I am observing a religious holiday that prevents me from voting during early voting or on Election Day.

I will be serving as an election official or a member or employee of the election commission on Election Day.

I will be serving on jury duty.

I am a voter with a disability and my polling place is inaccessible.

I have a CDL or TWIC or I am a spouse of a person with a CDL or TWIC and will be out of the county during early voting and Election Day. Enclosed is a copy of the CDL or TWIC (required) and the number is: \_\_\_\_\_.

I am a member of the military, spouse, or dependent.

I am an activated National Guard member on state orders.

I am an overseas citizen and otherwise qualified to vote in TN.

**You must include a mailing address outside the county, even if the ballot is emailed.**

Send military/overseas ballot by:  Mail or  Email

**If email, provide email address above.**

**STEP 4: Read the following statement and sign this form.**

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

<b>Voter's Signature:</b> (Digital Signature Not Accepted) <b>X</b>	<b>Date:</b> _____
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**Assistance Signatures** (only required if voter cannot sign their own name):

_____ Signature of Person Assisting	_____ Address	_____ Date
_____ Signature of Witness	_____ Address	_____ Date

**STEP 5: Submit your application.**

You may submit this form by mail, fax or email to your county election commission. When emailing, you must scan and attach the completed form to the email. [Click here](#) or visit GoVoteTN.com for your election commission address. Your application must be received **7 days before Election Day**. When you receive your ballot and fill it out, you must return the ballot by mail.

**NOTICE:** You may be eligible for a reward of up to \$1,000 if you make a report of voter fraud that leads to a conviction. Call the state election coordinator's Voter Fraud Hotline at 877-850-4959 to report voter fraud.

**A person who is not an employee of an election commission commits a Class E felony if such person gives an application for an absentee ballot to any person (T.C.A. § 2-6-202(c)(3); adopted 1979; amended 1994).**

**ELECTION OFFICE USE ONLY**

APPROVED / REJECTED DATE \_\_\_\_\_ BY \_\_\_\_\_ BALLOT SENT DATE \_\_\_\_\_ BALLOT RECEIVED DATE \_\_\_\_\_