

To vote by mail you must meet one of the reasons listed below and submit a request no later than the 7<sup>th</sup> day before the election.

Note: If you have never voted before and you registered to vote by mail, then you must vote IN-PERSON the first time you vote.

**ABSENTEE BY-MAIL  
BALLOT REQUEST**  
**ELECTION: AUGUST 6, 2020**

**This form may be submitted by mail, fax or email to your county election commission. When emailing, you must attach the completed request to the email. [Click here](#) to find contact information for your election commission.**

First Day to accept a Request: **MAY 8, 2020** Last Day to accept a Request: **JULY 30, 2020**

**PROVIDE ALL OF THE INFORMATION BELOW (REQUIRED)**

<b>PRINT FULL LEGAL NAME:</b>		
<b>ADDRESS WHERE YOU LIVE:</b>		
<b>CITY:</b>		<b>ZIP:</b>
<b>FULL SOCIAL SECURITY #:</b>		<b>DATE OF BIRTH:</b>
<b>PHONE:</b>	<b>EMAIL:</b>	
<b>ADDRESS TO MAIL BALLOT TO (IF DIFFERENT):</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>

**INDICATE THE BALLOT YOU ARE REQUESTING (REQUIRED)**

<input type="checkbox"/> <b>Republican Primary and General Election</b>	<input type="checkbox"/> <b>Democratic Primary and General Election</b>	<input type="checkbox"/> <b>General Election Only</b>
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**ONLY ONE PRIMARY MAY BE SELECTED**

**CHECK THE REASON FOR REQUESTING TO VOTE BY MAIL (REQUIRED)**

<input type="checkbox"/> I am 60 years of age or older.
<input type="checkbox"/> I will be outside my county during all hours of early voting and before the polls close on Election Day.
<input type="checkbox"/> I am hospitalized, ill or physically disabled and unable to appear at my polling place to vote; and/or I have determined it is impossible or unreasonable to vote in-person due to the COVID-19 situation.
<input type="checkbox"/> I am a caretaker of a hospitalized, ill or physically disabled person, and/or I have determined it is impossible or unreasonable to vote in-person due to the COVID-19 situation.
<input type="checkbox"/> I am a full-time student or spouse of a full-time student outside my county.
<input type="checkbox"/> I reside in a licensed facility, outside my county, providing relatively permanent domiciliary care, i.e. Nursing Home.
<input type="checkbox"/> I am a candidate for office in the election for which I am applying to vote absentee by mail.
<input type="checkbox"/> I am observing a religious holiday that prevents me from voting during early voting or on Election Day.
<input type="checkbox"/> I will be serving as an election official or a member or employee of the election commission on Election Day.
<input type="checkbox"/> I will be serving on jury duty in state or federal court.
<input type="checkbox"/> I am a voter with a disability and my polling place is inaccessible.
<input type="checkbox"/> 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 and have no out of the county address to receive mail during this time. Enclosed is a copy of the CDL or TWIC (required) and the number is: _____.

<input type="checkbox"/> I am a member of the military, spouse, or dependent. <input type="checkbox"/> I am an activated National Guard member on state orders. <input type="checkbox"/> I am an overseas citizen and otherwise qualified to vote in TN.	<p><b>You must include a mailing address outside the county, even if the ballot is emailed.</b>          Send military/overseas ballot by: <input type="checkbox"/> Mail or <input type="checkbox"/> Email  <b>If email, provide email address above.</b></p>
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**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>REQUIRED VOTER'S SIGNATURE:</b> <small>(Digital Signature Not Accepted)</small>	<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

**ELECTION OFFICE USE ONLY**

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