Instructions & Information for Permanent Absentee List Voters

Please complete the enclosed letter.

Have your physician complete the physician’s statement.

Mail both back to the Davidson County Election Commission (DCEC). Upon receipt of both completed forms, we will add you to the permanent absentee list.

Before every election, you will receive a partially completed application to vote which you will need to complete if you wish to vote in the election:

1.) If this is a primary election, select a party ballot, either Democrat or Republican
2.) If this is a general election, you do not have to choose a specific party ballot
3.) Sign by the red “X” where it reads signature of voter
4.) If you have moved, give your new address
5.) If voter cannot sign, we need the signature of the person assisting and the signature of a witness
6.) Write in the date and return to the Davidson County Election Commission, PO Box 650, Nashville, TN 37202

After the DCEC receives your completed application to vote, you will receive a ballot for that particular election by mail.
Dear Davidson County Election Commission:

I request that my name be placed on the Permanent Absentee Voting List for the ___ General and ______________ (Republican or Democratic) Party Primary Election, to be held on _____________________.

I understand that a physician’s statement must be filed with your office before being placed on the permanent list.

Name: ____________________________________________

(Please Print)

My Davidson County address is: _____________________________________________________________

__________________________________________________________

Please mail my absentee ballot to: ________________________________________________________

SS# __________________ Date of Birth_________________ Home phone ____________

Date __________________________

(Signature or mark of Applicant)

Assistance Signature: (Required only if voter cannot sign name or if assistance is given.)

(1)________________________________________

Signature of person assisting

____________________________

Print name of person assisting

____________________________

Address of person assisting

(2)________________________________________

Signature of person witnessing

____________________________

Print name of witness

____________________________

Address of witness
Physician's Statement

This statement is submitted to the Election Commission of DAVIDSON COUNTY, TENNESSEE pursuant to Tennessee Code Annotated § 2-6-201(3)(A), as follows:

Patient's Name: __________________________

Date of Birth: _________________ Social Security Number: ______________________

Street Address: ____________________________________________________________

City, State and Zip Code: ____________________________________________________

Phone Number: ____________________________________________________________

I hereby certify that I am the above named person's licensed physician and due to a sickness, hospitalization or physical disability it is my professional medical judgment, that he or she is medically unable to appear at his or her polling place and is medically unable to go to the election commission office for the purpose of early voting.

It is my professional opinion that this patient is medically unable due to:

☐ Sickness, ☐ Hospitalization, or ☐ Physical Disability

This sickness, hospitalization, or physical disability is: ☐ Perpetual, or ☐ Temporary

If temporary, estimated date of recovery is: ________________________________

I understand that this statement will be attached to the permanent registration record of the above mentioned person and that THIS STATEMENT IS SUBMITTED UNDER THE PENALTY OF PERJURY.

This the _______ day of __________________, 20 _______

_________________________ ____________________________
Doctor’s Signature Name Typed or Printed

_________________________ ____________________________
Street Address City, State and Zip Code

Physician’s Phone Number

SS-3023 (Rev. 02/12)