Instructions & Information for Permanent Absentee Voter

1. Please complete the **Permanent Absentee Voter** form.

2. Have your physician complete the **Physician’s Statement** form.

3. Mail both forms to: Davidson County Election Commission  
   Attn: Absentee Department  
   P.O. Box 650  
   Nashville, TN 37202-0650

   Upon receipt of *both* completed forms, your name will be added to the  
   **Permanent Absentee Voter List**.

Before every election, you will receive an **Absentee Ballot Request** form, which you will  
need to complete and return, if you wish to vote in the election.

1. If you have moved, write your new address and check the “NEW Address” box.  
2. If it is a primary election, you must choose the specific ballot you prefer.  
3. You must sign the **Request** form on the “Signature of Voter” line.  
4. If you cannot sign, the person assisting you *and* a witness must also sign.  
5. Mail your completed, signed **Absentee Ballot Request** to the Davidson County  
   Election Commission, P.O. Box 650, Nashville, TN 37202-0650.

Once your **Absentee Ballot Request** is received and ballots have been printed, your ballot  
will be mailed to you.

If you have questions, please call the Absentee Department at 615-862-8815.

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I request that my name be placed on the Permanent Absentee Voter List. I understand that a Physician’s Statement must be filed with this form, in order to be added to the list.

Please Print

Name: ________________________________________________________________

Davidson Co. address where you live: _______________________________________

______________________________________________________________

Mail my Absentee Ballot to this address (if different from above): ________________________

______________________________________________________________

Date of Birth: __ __ - __ __ - __ __ __ __ Phone Number: _________________

ENTIRE Social Security Number: __ __ __ - __ __ - __ __ __ __

X ______________________________________________________________  Date: ________________

Signature or Mark of Voter

Assistance Signatures (only required if voter cannot sign their own name):

Signature and address of person assisting: _________________________________

______________________________________________________________

Signature and address of person witnessing: _______________________________

______________________________________________________________

Return To: Davidson County Election Commission
Attn: Absentee Department
P.O. Box 650
Nashville, TN 37202-0650

Email: votebymail@nashville.gov
Fax: 615-880-1729

Questions: 615-862-8815
Physician’s Statement

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

Patient’s Name: __________________________________________________________

Date of Birth: ___________________ Phone Number: _________________________

Street Address: __________________________________________________________

City, State, Zip Code: ____________________________________________________

______________________________________________________________________

I hereby certify that I am the above-named person’s licensed physician. In my professional medical judgment, he/she is medically unable to vote in person at his/her polling place on Election Day or during Early Voting due to:

☐ Illness ☐ Hospitalization ☐ Physical Disability

I submit this statement under the penalty of perjury.

Physician’s Signature: ____________________________________________________

Printed Name: __________________________________________________________

Street Address: __________________________________________________________

City, State, Zip Code: ____________________________________________________

______________________________________________________________________

Date: __________________________

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