

I request an ABSENTEE BALLOT from the DAVIDSON COUNTY ELECTION COMMISSION for:

Name of Election: _____

or Date of Election: _____

1. PRINT Name: _____ 2. Phone: _____

3. Davidson Co. address where you live: _____
_____ Check if NEW address

4. Mail my absentee ballot to this address (please PRINT): _____

5. Date of Birth: _____ 6. ENTIRE Social Security number: _____-____-_____

7. Email: _____

8. If this election is a primary, **CIRCLE** the ballot you want to receive: REPUBLICAN or DEMOCRATIC

9. My legal reason for voting Absentee is (CHECK ONE):

- ____ I am over 60 years of age.
- ____ I will be outside of Davidson County during all hours of Early Voting and Election Day.
- ____ I am enrolled as a full-time student or I am the spouse of a student at an institution outside Davidson County.
- ____ I am a voter with a disability and my polling place is inaccessible.
- ____ I reside in a licensed facility, outside the county, providing relatively permanent care, i.e. nursing home.
- ____ I am hospitalized, ill, or physically disabled, and I am unable to appear at my polling place for this election.
- ____ I am a caretaker of a person who is hospitalized, ill or physically disabled.
- ____ I am a candidate.
- ____ I am on jury duty in a state or federal court.
- ____ I am serving as an election official or a member or employee of the Election Commission on Election Day.
- ____ I am observing a religious holiday that prevents me from voting early or on Election Day.
- ____ I am a member of the **military**, spouse, or dependent ; an activated **National Guard** member on state orders ; an **overseas citizen** and otherwise qualified to vote in TN (See #4 above: you must include a mailing address outside Davidson County, even if ballot is emailed) Send military/overseas ballot by: Mail Email (Provide email on Line 7)

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

Signature of Voter: _____

Digital Signature NOT Acceptable.....Original Signature REQUIRED

First day to receive is 90 days before election.

DEADLINE: completed form must be in DCEC office for processing
7 days BEFORE Election Day

If voter cannot sign or if assistance is given, the following is REQUIRED:

Signature and address of person assisting: _____

Signature and address of person witnessing: _____

Mail, Fax, OR Email (with a scanned signature) to:

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

Fax: (615) 880-1729
E-mail: moaballot@nashville.gov

For information: (615) 862-8815 | TTY (800) 848-0298 or Relay 711
www.nashville.gov/vote

Note: Incomplete applications cannot be processed. Any corrected applications MUST be in the DCEC office for processing on the seventh (7th) day before the Election.