



DAVIDSON COUNTY ELECTION COMMISSION

615-862-8815

TTY-1-800-848-0298 or Relay 711

www.nashville.gov/vote

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. Return both forms by:
Email: votebymail@nashville.gov
Mail: 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 on the request form.
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. Return your completed, signed **Absentee Ballot Request** by email or mail.

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.

Rev 7.2026

Physical Address:
1281 Murfreesboro Pike
Nashville, TN 37217

Mailing Address:
PO Box 650
Nashville, TN 37202-0650

Davidson County Election Commission

Permanent Absentee Voter

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*, 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 witness: _____

Return By:

Email:

votebymail@nashville.gov

Mail:

Davidson County Election Commission

Attn: Absentee Department

P.O. Box 650

Nashville, TN 37202-0650

Questions: 615-862-8815

Rev 11.24.25

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: _____