

REQUEST FOR ABSENTEE BALLOT

(Please complete ALL applicable fields)

Voter's Social Security No _____ - _____ - _____

Registration Number _____ Voter's date of birth _____

Voter Name: _____
(Name)

Voter Street Address: _____
(Street)

Voter Apt./Rm./Etc: _____
(Apt./Rm./Etc)

Voter City, State, Zip: _____
(City, State, Zip)

Election Type/Party: _____
(Election Date/Party Preference)

Reason for requesting an Absentee Ballot: (Please check one)

- Out of county (Shelby County)-(Must provide an out of county address below)
- Full time student or the spouse of a full time student
- Hospitalization, sickness, or physical disability (must send to applicant's home address)
- Caretaker
- Permanent absentee voter due to health (must have statement from doctor)
- Juror in a federal or state court
- Observance of a religious holiday
- Candidate for office in the election
- 60 years of age or older (must send to applicant's home address)
- Person possessing valid commercial driver license (Must supply license number)

Address where ballot is to be sent:

Name: _____

Street: _____

Apt./Rm./Etc: _____

City, State, Zip: _____

Voter's Signature: _____
Voter's Signature

Please Mail To:
Shelby County Election Commission
980 Nixon Drive
Memphis, TN 38134-7966
Fax: 901-222-6812

If you have not updated your registration name/address, please do so prior to submitting this form.