

**ATTENTION HENRY COUNTY ELECTION COMMISSION**

I formally "Request an Absentee Ballot" based upon the following information.

1) PRINT NAME \_\_\_\_\_

2) ADDRESS ON VOTER REGISTRATION \_\_\_\_\_

3) MAIL MY ABSENTEE BALLOT TO THIS ADDRESS \_\_\_\_\_

4) MY SOCIAL SECURITY # IS \_\_\_\_\_

5) MY DATE OF BIRTH IS \_\_\_\_\_

6) I wish to vote in the: \_\_\_\_\_ Election (please indicate \_\_\_ Republican or \_\_\_ Democratic)  Other

**7) MY LEGAL REASON FOR VOTING ABSENTEE (Check One)**

\_\_\_\_\_ I am over 60 years of age.

\_\_\_\_\_ I will be outside of this county during all hours of early voting and Election Day (must include mailing address outside county to mail absentee ballot)

\_\_\_\_\_ I am enrolled as a full-time student (or I am the spouse of a student) at an institution inside Tennessee and outside the county where I am registered.

\_\_\_\_\_ I am a voter with a disability and my polling place is inaccessible.

\_\_\_\_\_ I am a member of the military, or I am a family member to the member of the military or I am an overseas citizen and otherwise qualified to vote in Tennessee.

Ballot to be sent:  By Mail  Electronically, e-mail address: \_\_\_\_\_

\_\_\_\_\_ I reside in a licensed facility, outside the county, providing relatively permanent domiciliary care (Nursing Home).

\_\_\_\_\_ I am hospitalized, ill or physically disabled and because of such condition, 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. \_\_\_\_\_ Other

\_\_\_\_\_ 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 have a Commercial Drivers License, will be out of county during the open hours of early voting & Election Day, & have no specific out-of-county or out-of-state address to receive mail during this time.

\*\*\*My CDL # is \_\_\_\_\_

8) SIGNATURE OF VOTER \_\_\_\_\_

If voter is unable to sign their name, or receives assistance with this form, the person assisting and one witness must also sign their name and address.

1. \_\_\_\_\_  
Name and address of person assisting

2. \_\_\_\_\_  
Name and address of person witnessing

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FOR \_\_\_\_\_ COUNTY ELECTION OFFICE USE:
(Circle One) This Request has been: Approved - Rejected on \_\_\_\_\_ by \_\_\_\_\_
Voting Precinct/District \_\_\_\_\_ Application Signature verified on \_\_\_\_\_ by \_\_\_\_\_
Ballot Sent \_\_\_\_\_ Ballot Rcvd \_\_\_\_\_ Ballot Affidavit Signature verified on \_\_\_\_\_ by \_\_\_\_\_
BALLOT INFORMATION