

I request an **ABSENTEE BALLOT** from the Wilson County Election Commission for:
State & Federal General and Municipal Elections
November 5, 2024

1) **PRINT NAME:** _____ 2) **PHONE NUMBER** _____

3) **ADDRESS ON VOTER REGISTRATION:** _____

4) **MAIL MY ABSENTEE BALLOT TO THIS ADDRESS:** _____

5) **SOCIAL SECURITY NUMBER** : ____ - ____ - ____ 6) **DATE OF BIRTH:** _____

7) **EMAIL (Optional, but helpful for communication):** _____

8) **I WISH TO VOTE IN:** **General**

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

- ____ I am 60 years of age or older.
- ____ I am hospitalized, ill or physically disabled and unable to appear at my polling place.
- ____ I am a caretaker of a person who is hospitalized, ill or physically disabled.
- ____ I am a voter with a disability and my polling place is inaccessible.
- ____ I will be outside of this county during **all hours** of early voting (**Oct. 16th - Oct. 31st**) 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 covered under the Uniformed and Overseas Citizen Absentee Voting Act
- Ballot to be sent: By-Mail Email: Email Address _____
- ____ I reside in a licensed facility (Nursing Home) outside the county.
- ____ I am serving as an _____ election official, _____ candidate, _____ juror in a state/federal court
- ____ I am observing a religious holiday that prevents me from voting early or on Election Day.
- ____ I have a Commercial Driver's License or (I am a spouse of the driver) or I have a transportation worker identification credential (TWIC), **will be out of county during early voting & election day**, & have no specific out-of-county or out-of-state address to receive mail during this time. Enclosed is a copy of my CDL or my spouse's CDL or my TWIC card.

*****My CDL or TWIC # is _____ MUST provide a Photocopy of CDL or TWIC**

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

10) **SIGNATURE OF VOTER** _____

(WE CANNOT ACCEPT DIGITAL SIGNATURES)

Notice: A person who applies to vote absentee by mail who is not entitled to do so commits a felony punishable by not less than two (2) years nor more than twelve (12) years imprisonment or a fine of \$5,000 or both.

Completed form must be
received in Election
Commission office between
**August 7, 2024 and
October 29, 2024**

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

Mail, Fax or Email to:

Wilson County Election Commission, P.O. Box 97, Lebanon, TN 37088

FAX # 615-443-2669

EMAIL: info@wilsonvotes.gov

Phone: 615-444-0216