

REQUEST FOR ABSENTEE BALLOT
(Please complete ALL applicable fields)

Voter's Social Security Number

Voter Name: _____
(As it appears on registration) (Name)

Voter Street Address: _____
(As it appears on registration) (Street)

Voter Apt./ Rm./etc: _____
(As it appears on registration) (Apt./Rm./Etc)

Voter City, State, Zip: _____
(As it appears on registration) (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)
- Full time student or the spouse of a full time student
- Hospitalization, sickness, or physical disability (may be the caretaker)
- Permanent absentee voter because of health (must have a statement from a Doctor)
- Juror in a federal or state court
- Observance of a religious holiday
- Candidate for office in the election
- 65 years of age or older

Address where ballot is to be sent:

Name: _____

Street: _____

Apt./Rm./etc: _____

City, State, Zip: _____

Voter's Signature: _____
Voters Signature

Please Mail To:
Shelby County Election Commission
980 Nixon Drive
Memphis, Tn 38134-7966
Fax: 901-379-4367

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