

## **Mail-In Application For Voter Registration**

Are you interested in working on

□ No

Election Day? ☐ Yes

## You can use this form to:

register to vote in Tennessee or to change your name and/or address.

## To register to vote:

- you must be a U.S. citizen, AND
- you must be a resident of Tennessee, AND
- you must be at least 18 years old on/or before the next election, AND
- you must not have been convicted of a felony, or if you have, your voting rights must have been restored.

If you register by mail, you must vote in person the first time you vote after registering.
MAIL OR HAND DELIVER THIS FORM TO YOUR COUNTY ELECTION COMMISSION.

**Go to:** http://tnsos.org/elections/election\_commissions.php to find your County Election Commission address.

## Instructions / checklist:

- ☐ Provide the information below, read and answer the VOTER DECLARATION, and sign by the "X".
- ☐ An application for voter registration must be postmarked or hand delivered to the proper county election commission office at least 30 days before an election.
- □ Voter registration records are public records, open to inspection by any citizen of Tennessee, excluding social security numbers.

Names of persons selected for jury service in state court are not chosen from permanent voter registration records. If you are qualified and the information on your form is complete, we will add your name to the county's voter rolls. We will then mail you a voter registration card. This card will tell you where to vote.

Federal or Tennessee State Government Issued Photo ID Is Required To Vote Unless Exception Applies.

Are you a citizen of the United States?   Yes   No Will you be 18 years of age on or before election day?   Yes   No If you answered "No" in response to either of the above, do not complete this form.  LAST NAME   FIRST NAME   MIDDLE NAME   SUFFIX   SEX   MIDDLE NAME   MIDDLE NAME   SUFFIX   SEX   MIDDLE NAME   MIDDLE NAME									
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LAST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  SEX  ACE (OPTIONAL)  ADDRESS WHERE YOU LIVE (DO NOT GIVE A P.O. BOX)  APT. # CITY COUNTY STATE  ZIP CODE  ADDRESS WHERE YOU GET YOUR MAIL (IF DIFFERENT THAN ABOVE)  DATE OF BIRTH  CITY AND STATE OF BIRTH  SOCIAL SECURITY # (required under T.C.A. § 2-2-116 for purposes of identification and to avoid duplicate registration)  NAME AND ADDRESS ON LAST VOTER REGISTRATION  NAME  ADDRESS  CITY  COUNTY  STATE  ZIP  VOTER DECLARATION: 1, being duly sworn on oath (or affirmation) declare that the above address is my legal residence and that I plan to remain at such residence for an undetermined period of time and say that to the best of my knowledge and belief all of the statements made by me are true.  Yes  No  Yes  No  I applicant is unable to sign, provide signature of person who signed for applicant.  Signature of Person Assisting  Signature of Person Assisting	, ,	•						AGRICULTURE   E	
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New Address	Mail P/A	Reg # District	Approved Precinct		Effective Date Ward	2	rmation

New Address (and mailing address if different)	Precinct	Clerk	Date	Additional Information