BE VOTER READY

SHELBY COUNTY ELECTION COMMISSION

Application for Permanent Absentee Voting List

Directions: The voter should complete this page and have their physician complete the next page. When both forms are received, the voter will be added to the Permanent Absentee Voting List.

Name: _____

Address: _____ _____
Number and Street *Apt.*

_____ _____ _____
City *State* *Zip*

Date of Birth: _____ Social Security Number: _____
MUST have all 9 digits

Phone: _____

I request that my name be placed on the Permanent Absentee Voting List. I reside at the above address.

Voter Signature: _____ *Date:* _____
Digital Signature NOT Accepted....Must be Original Signature

Assisting: _____ *Date:* _____ *Digital Signature NOT Accepted. Must be Original Signature* *Address:* _____	*Witness:* _____ *Date:* _____ *Digital Signature NOT Accepted. Must be Original Signature* *Address:* _____

If the voter cannot sign or make a mark, the signature and address of the person assisting them and a witness is required.

Questions? Call us at 901-222-6800. Email this application to: absenteevoting@shelbycountytn.gov or mail to: Shelby County Election Commission, 980 Nixon Drive, Memphis, TN 38134

Physician's Statement

This statement is submitted to the Election Commission of Shelby County, Tennessee pursuant to *Tennessee Code Annotated § 2-6-201930 (A),* as follows:

Patient's Name: _____

Date of Birth: _____

Social Security Number: _____

Street Address: _____

City, State, and Zip Code: _____

I hereby certify that I am the above named person's licensed physician and due to a sickness, hospitalization or physical disability it is my professional medical judgement, that he or she is medically un able to appear at his or her polling location and is medically unable to go to the election commission office for the purpose of early voting.

It is my professional opinion that this patient is medically unable due to:

☐ Sickness ☐ Hospitalization, or ☐ Physical Disability

This sickness, hospitalization, or physical disability is ☐ Perpetual, or ☐ Temporary

If temporary, estimated date of recovery is: _____

I understand that this statement will be attached to the permanent registration record of the above mentioned person and that *THIS STATEMENT IS SUBMITTED UNDER THE PENALTY OF PERJURY.*

This, the _____ day of _____ , 20 _____ .

_____ _____

Physician's Signature *Name Typed or Printed*

_____ _____

Street Address *City, State, and Zip Code*

_____

Phone Number