Print Disability Absentee By-Mail Ballot Request Application

Deadline to Accept an Application: 10 Days Before Election Day

This form is only for people who are unable to independently read or mark a paper absentee ballot due to a "print disability." "Print disability" means a disability that interferes with the person's ability to effectively read, write, or use printed materials, and includes blindness, low vision, and physical disabilities, such as paralysis, that interfere with such abilities. "Low vision" means a partial or total loss of sight that is not correctable with prescription eyeglasses or contact lenses.

STEP 1: Provide all of the information below. Please print.

Your Full Legal Name:					
Address Where You Live:					
City:		Zip:	Co	ounty:	
Date of Birth:	Phone:		Email:		
Full Social Security:	cial Security: Mailing Address (if different):				
City:			State:	_ Zip:	
-				iry Other	
STEP 3: Check your reason f	•				
I am 60 years of age or older. I will be outside my county during all H I am hospitalized, ill, or physically disa I am a caretaker of a hospitalized, ill, I am a full-time student or spouse of a I reside in a licensed facility, outside m I am a candidate for office in the elect I am observing a religious holiday that I will be serving as an election official I will be serving on jury duty. I am a voter with a disability and my p I have a CDL or TWIC or I am a spous TWIC (required) and the number is: I am a member of the military, spouse I am an overseas citizen and otherwis STEP 4: Certify your print dis By checking this box, I certify the	abled, because of such c or physically disabled pe full-time student outside ny county, providing relat ion. t prevents me from voting or a member or employe olling place is inaccessit se of a person with a CD , or dependent. nber on state orders. te qualified to vote in TN. sability and provi	ondition, I am unable to appe rson. a my county. tively permanent domiciliary of g during early voting or on El ee of the election commission ble. L or TWIC and will be out of de ballot delivery in	eare, i.e. nursing home. ection Day. on Election Day. the county during early vo You must include eve Send military/c If email, structions.	oting and Election Day. Enclosed is a copy of the CDL or e a mailing address outside the county, en if the ballot is emailed. overseas ballot by: Mail or Email provide email address above. g an absentee paper ballot.	
Select how you would like to receive STEP 5: Read the following solution of a swear or affirm, under the penalty of penal	tatement and sig	n this form.		above) Faxt I am eligible to vote in the election.	
VOTER'S SIGNATURE: (digital signature not accepted)				DATE:	
ASSISTANCE SIGNATURES: (on	ly required if voter	cannot sign their owr	ı name)		
Signature of Person Assisting	Addre	ess		Date	
Signature of Witness	Addre	ess		Date	
STEP 6: Submit your applica	tion.				
You may submit this form by mail, fax	, or email to your cour mation for your election			st scan and attach the completed form to the email 0 days before Election Day . When you receive you	
NOTICE: You may be eligible for a rev Fraud Hotline at 877-850-4959 to repo		you make a report of vote	r fraud that leads to a o	conviction. Call the state election coordinator's Vote	
	an election commission	n commits a Class E felon	y if such person gives	an application for an absentee ballot to any persor	
Election Office Use Only					

SS-3027-A (Revised 11/2024)

Approved/Rejected Date:

_By:____

Reset Form