



## 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 the 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 also 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:** \_\_\_\_\_

Voter's Signature

FORM 1999-0501-A

Please Mail To:  
Shelby County Election Commission  
157 Poplar Avenue, Suite 109  
Memphis, TN 38103-1999

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