I request an ABSENTEE BALLOT from the Wilson County Election Commission for:
State/Federal Primary and County General Election
August 6, 2026

1) PRINT NAME: _____ **2)** PHONE NUMBER _____

3) ADDRESS ON VOTER REGISTRATION:_____

_____

4) MAIL MY ABSENTEE BALLOT TO THIS ADDRESS:_____

_____

5) SOCIAL SECURITY NUMBER : __ __ __- __ __- __ __ __ __ **6)** DATE OF BIRTH: _____

7) EMAIL (Optional, but helpful for communication): _____

8) I WISH TO VOTE IN: REPUBLICAN & County General ☐ DEMOCRATIC & County General ☐ COUNTY General ONLY ☐

You MUST choose ONLY ONE

9) MY LEGAL REASON FOR VOTING ABSENTEE **(Check One)**

_____ I am 60 years of age or older.

_____ I am hospitalized, ill or physically disabled and unable to appear at my polling place.

_____ I am a caretaker of a person who is hospitalized, ill or physically disabled.

_____ I am a voter with a disability and my polling place is inaccessible.

_____ I will be outside of this county during **all hours** of early voting **(July 17-Aug 1)** and Election Day (**must include mailing address outside county to mail absentee ballot**.)

_____ I am enrolled as a full-time student (or I am the spouse of a student) at an institution inside Tennessee and outside the county where I am registered.

_____ I am a voter covered under the Uniformed and Overseas Citizen Absentee Voting Act

Ballot to be sent: ☐ By-Mail ☐ Email: Email Address_____

_____ I reside in a licensed facility (Nursing Home) outside the county.

_____ I am serving as an _____election official, _____ candidate, _____ juror in a state/federal court

_____ I am observing a religious holiday that prevents me from voting early or on Election Day.

_____ I have a Commercial Driver's License or (I am a spouse of the driver) or I have a transportation worker identification credential (TWIC),**will be out of county during early voting & election day**, & have no specific out-of-county or out-of-state address to receive mail during this time. Enclosed is a copy of my CDL or my spouse's CDL or my TWIC card.

*****My CDL or TWIC # is _____ MUST provide a Photocopy of CDL or TWIC**

I swear or affirm, under the penalty of perjury, that all the information on this form is true and correct and that I am eligible to vote in this election.

10) SIGNATURE OF VOTER _____

(WE CANNOT ACCEPT DIGITAL SIGNATURES)

Notice: **A person who applies to vote absentee by mail who is not entitled to do so commits a felony punishable by not less than two (2) years nor more than twelve (12) years imprisonment or a fine of $5,000 or both.**

Completed form must be received in Election Commission office between
May 8, 2026 and July 27, 2026

A new Absentee Ballot Request must be submitted for the November 5, 2024 election, if needed.

If voter is unable to sign their name, or receives assistance with this form, the person assisting and one witness must also sign their name and address.

1._____
Name and address of person assisting

2._____
Name and address of person witnessing

Mail or Email to:

Wilson County Election Commission, P.O. Box 97, Lebanon, TN 37088
EMAIL: info@wilsontnvotes.gov
Phone: 615-444-0216

Per State Law, faxes are NO LONGER accepted so you must email, mail or bring the form to us in person.