



BEDFORD COUNTY ELECTION COMMISSION
100 Public Square West, Basement
Shelbyville, TN 37160

Instructions & Information for Permanent Absentee List Voters

Please complete the enclosed letter.

Have your physician complete the physician's statement.

Mail both back to the Bedford County Election Commission (BCEC). Upon receipt of both completed forms, we will add you to the permanent absentee list.

Before every election, you will receive a partially completed application to vote which you will need to complete if you wish to vote in the election:

- 1.) If this is a **primary** election, select a party ballot, either **Democrat** or **Republican**
- 2.) If this is a **general** election, you do not have to choose a specific party ballot
- 3.) Sign by the red "X" where it reads *signature of voter*
- 4.) If you have moved, give your new address
- 5.) If voter cannot sign, we need the signature of the person assisting **and** the signature of a witness
- 6.) Write in the date and return to the Bedford County Election Commission, 100 Public Square West, Basement | Shelbyville, TN 37160.

After the BCEC receives your completed application to vote, you will receive a ballot for that particular election by mail.

Physician's Statement

This statement is submitted to the Election Commission of BEDFORD COUNTY, TENNESSEE pursuant to *Tennessee Code Annotated § 2-6-201(3)(A)*, as follows:

Patient's Name: _____

Date of Birth: _____ Social Security Number: _____

Street Address: _____

City, State and Zip Code: _____

Phone Number: _____

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 judgment, that he or she is medically unable to appear at his or her polling place 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 _____

Doctor's Signature

Name Typed or Printed

Street Address

City, State and Zip Code

Physician's Phone Number