

Christopher S. Davis
Administrator of Elections



Hannah Hopper, Chair
Julie Gautreau, Secretary
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Knox County Election Commission

If you are a resident of Knox County, please mail your voter registration form to the following address:

Knox County Election Commission
300 Main St., Suite 229
Knoxville, TN 37902

If you have any questions, give us a call at 865-215-2480.

Tennessee Mail-In Application For Voter Registration

You can use this form to:

- register to vote in Tennessee or change your name and/or address.

To register to vote:

- you must be a U.S. citizen, AND
- you must be a resident of Tennessee, AND
- you must be at least 18 years old on or before the next election, AND
- If you have had a felony conviction, your eligibility to register and vote depends upon the crime you were convicted of and the date of your conviction. To assist in processing your application, provide the required information in box 4 and any responsive documents you have. For more information about this process, call **1-877-850-4959** or visit **sos.tn.gov/restoration**.

Are you interested in working on Election Day? YES NO

Instructions/Checklist:

- Please PRINT with a blue or black **INK** pen (not felt tip).
- Provide the information in boxes 1–4 below, read the VOTER DECLARATION in box 5, and sign by the “X” in box 5.
- You must mail or hand deliver this form to your county election commission at least 30 days before an election. Go to **sos.tn.gov/election-commission** to find your county election commission address.
- To ensure a more confidential mailing process for this form, you can place this application in an envelope addressed to the county election commission.

If you register by mail, you must vote **IN PERSON** the first time you vote after registering.

If you are qualified and the information on your form is complete, we will add your name to the county's voter rolls. We will then mail you a voter registration card. This card will tell you where to vote.

Names of persons selected for jury service in state court are not chosen from permanent voter registration records.

Voter registration records are public records, open to inspection by any citizen of Tennessee, excluding social security numbers.

Federal or Tennessee state government-issued photo ID is required to vote unless exception applies.

Warning: Knowingly giving false information to register to vote or attempting to register when not qualified is 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.

FOR COUNTY ELECTION COMMISSION USE ONLY

Mail _____ Reg # _____ Approved _____
Effective Date _____ P/A _____
District _____ Precinct _____ Ward _____

1 VOTER ELIGIBILITY

Are you a citizen of the United States?

YES NO

Are you a resident of the State of Tennessee?

YES NO

Will you be 18 or older on or before Election Day?

YES NO

If you answered “No” in response to any of the above, do not complete this form.

2 PERSONAL DETAILS

Last Name: _____ First Name: _____ Middle Name: _____ Suffix: _____

SSN: _____ / _____ / _____ Date of Birth: _____ / _____ / _____ Sex: M F Race (optional): _____

Place of Birth (city/state): _____ Phone: (_____) _____ - _____

Residential Address: _____ (no PO box) Apt #: _____ City: _____

State: _____ Zip Code: _____ County: _____ Email (optional): _____

Mailing Address (if different): _____

3 LAST ADDRESS OF VOTER REGISTRATION (if any)

Name: _____ Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____ County: _____

4 FELONY CONVICTION Have you ever been convicted of a felony? (If expunged, answer “no”) YES NO If yes, provide the following information (if known).

Crime(s): _____ Date (mo./yr.): _____

Place (city/state): _____ Have you received a pardon or had your voting rights restored? YES NO If yes, provide copy of document.

5 VOTER DECLARATION: I, being duly sworn on oath (or affirmation), declare that the above address is my legal residence and that I plan to remain at such residence for an undetermined period of time and say that to the best of my knowledge and belief all of the statements made by me are true.

X _____ / /
Signature of Applicant Date

Signature of Person Assisting Applicant Address of Person Assisting Applicant



ss-3010 (Rev. 09/20)

