

## APPLICATION TO REGISTER TO VOTE / Change Address / Change Name

<b>CHECK ONE:</b>	<input type="checkbox"/> <b>NEW REGISTRATION</b> Applies to persons who are: registering for the first time or registering in a new county	<input type="checkbox"/> <b>ADDRESS CHANGE</b> Applies to persons who have moved within their county of registration	<input type="checkbox"/> <b>NAME CHANGE</b> If your name has changed from the name on your current voter registration record	<b>ELECTION COMMISSION USE ONLY</b> Web Version: ___ Approved: ___ Dist: _____ Effective Date: ___ Prec.: _____ Ward: _____
-------------------	---	---	--	---

**1** LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ SEX \_\_\_\_\_ RACE (Optional)  M  F

**2** ADDRESS WHERE YOU LIVE (DO NOT GIVE A P.O. BOX) \_\_\_\_\_ APT. # \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

**3** ADDRESS WHERE YOU GET YOUR MAIL (IF DIFFERENT FROM #2) \_\_\_\_\_

**4** DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH (State) \_\_\_\_\_ **5** SOCIAL SECURITY NUMBER \_\_\_\_\_ **6** (required under TCA 2-2-118 for purpose of identification and to avoid duplicate registration) **7** CONTACT PHONE NUMBER \_\_\_\_\_

**8** NAME AND ADDRESS ON LAST VOTER REGISTRATION

**8** NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**9** HAVE YOU EVER BEEN CONVICTED OF A CRIME WHICH IS A FELONY?  YES  NO If yes, were your rights restored? (Yes) (No)

**10** **VOTER DECLARATION** By completing the questions below and signing my name, I am swearing (or affirming) that the information I have provided is true, subject to the WARNING as stated.

**WARNING:** Giving false information to register to vote or attempting to register when not qualified are felonies punishable by not less than one (1) year nor more than six (6) years' imprisonment or a fine of \$3,000 or both.

	Yes	No
1. I am a U.S. citizen.	—	—
2. I am a resident of the State of Tennessee.	—	—
3. I will be at least 18 years old on/or before the next election.	—	—

**X** \_\_\_\_\_ Date \_\_\_\_\_  
Signature (or mark) of Applicant  
If applicant is unable to sign, provide signature of person who signed for applicant.

\_\_\_\_\_  
Signature of Person Assisting

\_\_\_\_\_  
Address

**Mail to:**  
Campbell County Election Commission  
129 Church Alley  
P.O. Box 84  
Jacksboro, TN 37757-0084