Tennessee Mail-In Application For Voter Registration You can use this form to: Residential Address: (no PO box) Apt #: City: Zip Code: State: County: Email (optional): Mailing Address (if di erent): 3 LAST ADDRESS OF VOTER REGISTRATION (if any) 4 FELONY CONVICTION ave you ever been convicted of a felony? (If expunged, answer "no") FYES FNO 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? F YESF NO If yes,

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provide copy of document.

FROM:		
		 OFF





Voter Registration Document - Please Do Not Delay

TO:	
	_ COUNTY ELECTION COMMISSION

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