



SS-3010 REV 11/01

FOR COUNTY ELECTION COMMISSION USE ONLY

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

1 CHECK ONE: NEWREGISTRATION
 ADDRESS CHANGE NAME CHANGE

2 LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____ SEX M F RACE (OPTIONAL) _____

3 ADDRESS WHERE YOU LIVE (DO NOT GIVE A P.O. BOX) _____ APT. # _____ CITY _____ COUNTY _____ ZIP CODE _____

4 ADDRESS WHERE YOU GET YOUR MAIL (IF DIFFERENT FROM #3) _____

5 DATE OF BIRTH _____ PLACE OF BIRTH _____ SOCIAL SECURITY NUMBER, if any _____ (required under TCA 2-2-116 for purposes of identification and to avoid duplicate registration) DAYTIME PHONE NUMBER _____
6 7

8 NAME AND ADDRESS ON LAST VOTER REGISTRATION
NAME _____ ADDRESS _____
CITY _____ COUNTY _____ STATE _____ ZIP _____

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 is a felony punishable by not less than one (1) year nor more than six (6) years' imprisonment or a fine of \$3,000 or both.

- | | True | False |
|---|-------|-------|
| 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. | _____ | _____ |
| 4. I have never been convicted of a felony. | _____ | _____ |
| 5. If convicted, I have had my rights restored as required by law or received a pardon. | _____ | _____ |

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:
Madison County Election Commission
311 N. Pkwy.
Jackson, TN 38305