



OFFICE USE ONLY:	_____	_____
	Voter No.	Processed By

 REPLACEMENT CARD

OR
 CHANGE OF ADDRESS

\_\_\_\_\_  
 Name (as Registered)  
**Address as Registered:**  
 \_\_\_\_\_  
 Street Address  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City Zip

\_\_\_\_\_  
 New Street Address  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City Zip  
 Phone: \_\_\_\_\_

X \_\_\_\_\_  
**Signature of Voter**  
**Today's Date:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Date of Birth Soc. Sec. No.  
*I hereby declare that the above information is true and correct. I request the Wilson County Election Commission to send a replacement card to me at the address on record in said office.*

**Mailing Address:** (If Applicable)  
 \_\_\_\_\_  
 Street Address or P.O. Box  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City Zip

**Return to: Wilson County Election Commission**  
**P.O. Box 97**  
**Lebanon, TN 37088**