



OFFICE  
USE ONLY:

\_\_\_\_\_  
Voter No.

\_\_\_\_\_  
Processed By

\_\_\_\_\_  
Date



**REPLACEMENT CARD**

Name (as Registered)

**Address as Registered:**

Street Address

City

Zip

OR

**CHANGE OF ADDRESS**

New Street Address

City

Zip

Phone: \_\_\_\_\_

**Mailing Address: (If Applicable)**

\_\_\_\_\_  
Street Address or P.O. Box

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

X

Signature of Voter

**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.*

**Return to: Wilson County Election Commission  
203 E. Main Street  
Lebanon, TN 37087**