

CERTIFICATE OF RESTORATION
(Pursuant to T.C.A. § 40-29-105)
for Persons Convicted of a Felony
After July 1, 1986 But Before July 1, 1996

STATE OF TENNESSEE

COUNTY OF _____

I hereby certify that the following information is true and correct:

Applicant's Name: _____

Applicant's County of Residence: _____

Felony Conviction: _____ Mo/Day/Yr. of Conviction: _____

Date of Birth: _____ Soc. Sec. No. (IF ANY): _____

I further certify that on the _____ day of _____, _____: (CHECK ONE)

- the above individual received a pardon which contained no special conditions pertaining to the right of suffrage. A copy of said pardon is attached hereto; or
- the maximum sentence imposed for such infamous crime has been served by the above individual; or
- the maximum sentence imposed for such infamous crime has expired; or
- the above individual has been granted final release from incarceration or supervision by the Board of Parole, the Department of Correction, or county correction authorities.

IN WITNESS WHEREOF, I have hereunto set my hand on this _____ day of _____, _____.

SIGNATURE

PRINTED NAME

ADDRESS

TITLE

() _____
DAYTIME PHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME this _____ day of _____, _____.

(SEAL)

SIGNATURE

Commission Expires: _____