

APPLICATION FOR EMERGENCY ABSENTEE BALLOT FORM AV-E1

Return this application to:

_____ COUNTY, ALABAMA

General Voter Information - Please provide complete information so that we may verify your eligibility to vote.

Last Name (Please print)	First Name	Middle or Maiden Name	E-mail Address
If you have moved since registering to vote, please update your voter registration record with the county board of registrars before proceeding with this application.			
Street Address (address where you are registered to vote; do not use PO box)		City	ZIP
Mail my ballot to the address where I regularly receive mail, if different from the street address provided above.			
Precinct where you vote (name and/or location of your polling place)			
Date of Birth	Month	Day	Year
Home Telephone Number ()	Work Telephone Number ()		Driver's License Number IF NO DRIVER'S LICENSE NUMBER Last 4 digits of Social Security number
		STATE	NUMBER

For all registered voters	For Military and U.S. Citizens Residing Overseas
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I hereby make application for an absentee ballot so that I may vote in the following election(s):

Absentee ballots for elections more than 30 days apart must be requested on separate applications. See note below*.

Primary Election or Presidential Preference Primary Election
 Select one: Democratic Party
 Republican Party
 Other
 Proposed Constitutional Amendments Only

Primary Runoff Election
 Select one: Democratic Party
 Republican Party
 Other _____
 Proposed Constitutional Amendments Only

General Election

Special Election

Municipal Election

Municipal Runoff Election

This section is for individuals voting pursuant to the Uniformed and Overseas Citizens Absentee Voting Act (UOCAVA).

By checking this box, I am attesting that I am a member of the United States Armed Forces or I am a United States citizen residing overseas, or a spouse or dependent of such person.

I understand that this application will be valid for an emergency absentee ballot for the current election **AND** for all elections to be held during the next two regularly scheduled general election cycles for federal offices.

If I wish to waive this right and have this application expire earlier, I am providing an expiration date below. *For example, I might choose an earlier expiration date if I expect a change of duty station effective after the next election but before the end of the next two general election cycles.*

This application should expire on _____
 Month / Day / Year

***Unless you are a member of the armed forces or you are a United States citizen residing overseas, or a spouse or dependent of such person, please note that for elections to be held more than thirty (30) days apart, you must submit a separate application for absentee voting for each election.**

I will be unable to vote at my regular polling place on election day because (check one box):

I have a medical emergency. Complete the Physician's Report below. The physician's report must be signed by a physician. [If the physician's report is on a separate document, attach it to this application. This application may be delivered by a designee. If assigning a designee, complete the Designee section at the bottom of this form.]

I have a business emergency. By signing this application, I do solemnly swear or affirm that I was not aware of the out-of-county business requirement prior to the five (5) days before the election. [The voter must deliver the application by hand to the Absentee Election Manager during the five (5) days prior to the election.]

When I apply for this absentee ballot, I understand that my name will be stricken from the list of qualified electors and, when I cast this absentee ballot, I understand that I will not be entitled to vote at my regular polling place.

Voter's Signature	Complete this section if voter signs by mark	Witness Signature
		Print Witness Name

The voter, or his or her designee in the case of a medical emergency, may hand this application to the Absentee Election Manager. Except in the case of a business emergency, the voter may also forward this application to the Absentee Election Manager by U.S. Mail [§17-11-3 and §17-11-4, Code of Alabama, 1975].

READ PENALTIES ON BACK

PHYSICIANS REPORT FOR MEDICAL EMERGENCY

Physician shall describe and certify the circumstances as constituting the emergency.

Physician's Signature Date

ASSIGNMENT OF DESIGNEE FOR DELIVERY OF APPLICATION

An application for an emergency medical absentee ballot may be forwarded to the Absentee Election Manager by the applicant or his or her designee. If assigning a designee, complete this section.

_____ Printed Name of Designee	_____ Signature of Designee
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PENALTIES

§17-17-24, Code of Alabama, 1975, as amended

(a) Any person who willfully changes an absentee voter's ballot to the extent that it does not reflect the voter's true ballot, any person who willfully votes more than once by absentee ballot in the same election, any person who willfully votes for another voter or falsifies absentee ballot applications or verification documents so as to vote absentee, or any person who solicits, encourages, urges, or otherwise promotes illegal absentee voting, shall be guilty, upon conviction, of a Class C felony. Any person who willfully aids any person unlawfully to vote an absentee ballot, any person who knowingly and unlawfully votes an absentee ballot, and any voter who votes both an absentee and a regular ballot at any election shall be similarly punished.

(b) Upon request by the local district attorney or the Secretary of State, the Attorney General shall provide investigating assistance in instances of absentee ballot or voting violations.

(c) Nothing in this section shall be construed to impede or inhibit organized legal efforts to encourage voter participation in the election process or to discourage a candidate from encouraging electors to lawfully vote by absentee ballot.