

APPLICATION FOR ABSENTEE BALLOT FORM AV-R1Return this application to:
Absentee Election Manager
P.O. Box 1667
Montgomery, AL 36102

MONTGOMERY COUNTY, ALABAMA

If mailing this application to the Absentee Election Manager, include only one application per envelope.**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			
Street Address (address where you are registered to vote; do not use PO box)								City		State	ZIP	
If requesting mail delivery of a ballot, provide a mailing address, 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		Driver's License Number		IF NO DRIVER'S LICENSE NUMBER	
Home Telephone Number			Work Telephone Number			STATE		NUMBER		Last 4 digits of Social Security number		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

For all registered voters**I hereby make application for an absentee ballot so that I may vote in the following election:**

- | | |
|--|--|
| <input type="checkbox"/> Primary Election or Presidential Preference Primary
Select one: <input type="checkbox"/> Democratic Party
<input type="checkbox"/> Republican Party
<input type="checkbox"/> Other _____
<input type="checkbox"/> Amendments Only | <input type="checkbox"/> Primary Runoff Election
Select one: <input type="checkbox"/> Democratic Party
<input type="checkbox"/> Republican Party
<input type="checkbox"/> Other _____
<input type="checkbox"/> Amendments Only |
| <input type="checkbox"/> General Election | <input type="checkbox"/> Special Election (<i>specify</i>) _____
If a primary or runoff, check one: <input type="checkbox"/> Democratic Party <input type="checkbox"/> Republican Party |

- **Absentee ballots for elections more than 42 days apart must be requested on separate applications, unless you are a member of the armed forces, or a spouse or dependent of such person, or you are a United States citizen residing overseas.**
- **An application submitted by a member of the armed forces, or a spouse or dependent of such person, or a United States citizen residing overseas, is valid for all county, state and federal elections in the current calendar year.**

I am applying for an absentee ballot because (check one box):

- I will be out of the county or the state on election day.
- I have a physical illness or infirmity which prevents my attendance at the polls.
- I have a physical illness or infirmity which prevents my attendance at the polls. I am unable to access my assigned polling place due to a neurological, musculoskeletal, respiratory (including speech organs), cardiovascular, or other life-altering disorder that affects my ability to perform manual tasks, stand for any length of time, walk unassisted, see, hear or speak **and**:
- a) I am an elderly voter aged 65 or older; **or**
- b) I am a voter with a disability.
- I work a shift which has at least ten (10) hours that coincide with the polling hours at my regular polling place.
- I am enrolled as a student at an educational institution located outside the county of my personal residence, attendance at which prevents my attendance at the polls.
- I am a member of, or a spouse or dependent of a member of, the Armed Forces of the United States or am otherwise similarly qualified to vote absentee pursuant to the Uniformed and Overseas Citizens Absentee Voting Act, 42 U.S.C. 1973ff.
- This application for an absentee ballot will be valid for all county, state, and federal elections held during this calendar year unless you specify an earlier expiration date here: _____.
- I have been appointed as an election officer at a polling place which is not my regular polling place.

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 may hand this application to the Absentee Election Manager. 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]. **Do not include more than one application per envelope if mailing.****READ PENALTIES ON BACK**

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.