

APPLICATION FOR MUNICIPAL ABSENTEE BALLOT

FORM AV-M1
Date Revised 09/03/2019

Return this application to:

P.O. Box 830687
Tuskegee AL 36083-0687

COUNTY, ALABAMA

Please note that only one application may be placed in the same envelope.
Please note that a copy of your valid photo identification must be submitted along with this application.

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	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		Last 4 digits of Social Security number		
STATE		NUMBER		

For all registered voters

I hereby make application for an absentee ballot so that I may vote in the following election:

☐ Municipal Election ☐ Special Municipal Election (specify) _____

☐ Municipal Runoff Election

Absentee ballots for municipal elections more than 42 days apart must be requested on separate applications

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

- ☐ I expect to 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. [ID Required]
 - ☐ *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.
- *ID Not Required
- ☐ I expect to 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, 52 U.S.C. § 20302.
- 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: [ID Not Required]
- ☐ I have been appointed as an election officer at a polling place which is not my regular polling place.
 - ☐ I am a caregiver for a family member to the second degree of kinship by affinity or consanguinity and the family member is confined to his or her home.
 - ☐ I am currently incarcerated in prison or jail and have not been convicted of a felony involving moral turpitude. (See back for felonies involving moral turpitude.)

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 or commercial carrier [§17-11-3 and §17-11-4, Code of Alabama, 1975].

READ PENALTIES ON BACK

APPLICATION FOR ABSENTEE BALLOT for State & County Elections

FORM AV-R1
Date Revised 09/03/2019

Return this application to:

Macon County AEM
PO Box 830723
Tuskegee, Alabama, 36083

COUNTY, ALABAMA

Please note that only one application may be placed in the same envelope.
Please note that a copy of your valid photo identification must be submitted along with this application.

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
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			Driver's License Number		
Home Telephone Number			Work Telephone Number		
Last 4 digits of Social Security number			Last 4 digits of Social Security number		
STATE			NUMBER		

For all registered voters

I hereby make application for an absentee ballot so that I may vote in the following election:

- ☐ Primary Election or Presidential Preference Primary
Select one: ☐ Democratic Party ☐ Other ☐ Republican Party ☐ Amendments Only
- ☐ Primary Runoff Election
Select one: ☐ Democratic Party ☐ Other ☐ Republican Party ☐ Amendments Only
- ☐ General Election
- ☐ Special Election (specify) _____
If a primary or runoff, check one: ☐ Democratic Party ☐ 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, or are permanently disabled.
- 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. An application submitted by a citizen with a permanent disability is valid for all municipal, county, state, and federal elections in the current calendar year.

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

- ☐ I expect to 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. [ID Required]
 - ☐ *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:
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- *[ID Not Required]
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 - ☐ 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, 52 U.S.C. § 20302. [ID Not Required]
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