APPLICATION FOR EMERGENCY ABSENTEE BALLOT FORM AV-E1 Return this application to:

_____ COUNTY, ALABAMA

General Voter Information - Please provide of Last Name (Please print) First Name Middle	complete information so or Maiden Name E-mail Ac		ligibility to vote.
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 add	dress provided above.	
Precinct where you vote (name and/or location of your polli	ng place)		
Date of Birth Month Day Ye	ear Driver's Lic		RIVER'S LICENSE NUMBER
Home Telephone Number Work Telephone Number ()	er STATE	Last 4 d Social S NUMBER	• I II II II
For all registered voters			
I hereby make application for an absentee ba	llot so that I may vote i	n the following election	1:
Primary Election or Presidential Preference Prin		ary Runoff Election	
Select one: Democratic Party	Selec	ct one: Democratic Part	5
Republican Party Other		Republican Part Other	
Amendments Only		Amendments O	
General Election Municipal Ele	ction Spec	ial Election (<i>specify</i>)	,
Absentee ballots for elections more than 42 day	-		unless you are a member
of the armed forces, or a spouse or depende			
An application submitted by a member of the an eligible providing submitted submitt			
citizen residing overseas, is valid for all county	, state and federal election	s in the current calendar ye	ar.
I will be unable to vote at my regular polling p	lace on election day be	ecause (check one reas	on).
	-	•	•
I have a medical emergency. Complete the physician. [If the physician's report is on a s			
delivered by a designee. If assigning a design			
		•	-
I have a business emergency. By signing th the out-of-county business requirement prio			
application by hand to the Absentee Election			
When I apply for this absentee ballot, I understan when I cast this absentee ballot, I understand tha			
		ess Signature	
	ion if voter	Witness Name	
		the second s	an an an the states
The voter, or his or her designee in the case of a Manager. Except in the case of a business emerg Election Manager by U.S. Mail [§17-11-3 and §17	ency, the voter may also	o forward this application	
	AD PENALTIES ON BA	-	
Physician shall describe and co	EPORT FOR MEDICAL ertify the circumstances	_	jency.
	Physician's	Signature	Date
	SIGNEE FOR DELIVE		
An application for an emergency medical absente applicant or his or her designee. If assigning a de	e ballot may be forward	ed to the Absentee Electi	on Manager by the
Printed Name of Designee	Signature c	f Designee	
For Office Use Only			
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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.