APPLICATION FOR EMERGENCY ABSENTEE BALLOT

BALDWIN COUNTY, ALABAMA

FORM AV-E1
Date Revised 07/29/2019

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 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	**Driver's License Number**		IF NO DRIVER'S LICENSE NUMBER
				STATE	NUMBER	Last 4 digits of Social Security number

Home Telephone Number ( )   Work Telephone 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   ☐ Municipal 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 will be unable to vote at my regular polling place on election day because (check one reason):

☐ 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 am required by my employer under unforeseen circumstances within five days before an election to be unavailable to vote at the polls on election day. [The voter must deliver the application by hand to the Absentee Election Manager no later than the day prior to the election.]

☐ I am a caregiver of a person who requires emergency treatment by a licensed physician within five days before an election. [The voter must deliver the application by hand to the Absentee Election Manager no later than the day prior to the election.]

☐ A family member to the second degree of kinship by affinity or consanguinity died within five days before an election. [The voter must deliver the application by hand to the Absentee Election Manager no later than the day 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

Only in the case of a medical emergency may a voter 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]. Also in the case of a medical emergency, the voter's designee may hand this application to the Absentee Election Manager.

READ PENALTIES ON BACK

PHYSICIAN'S 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

For Office Use Only

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.