

**UOCAVA APPLICATION FOR ABSENTEE BALLOT**  
**FOR USE ONLY BY INDIVIDUALS VOTING PURSUANT TO THE**  
**UNIFORMED AND OVERSEAS CITIZENS ABSENTEE VOTING ACT**

FORM AV-U1

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
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	
Home Telephone Number ( )		Work Telephone Number ( )		STATE	NUMBER	IF NO DRIVER'S LICENSE NUMBER	
						Last 4 digits of Social Security number	

Type of Ballot (select one)	Duration of Absentee Ballot Application
<input type="checkbox"/> Primary Election or Presidential Preference Primary <i>Select one:</i> <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 <i>Select one:</i> <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	<p>By signing this application, I am attesting that I am a member of, or spouse or dependent of a member of, the United States Armed Forces or I am a United States citizen residing overseas.</p> <p>I understand that this application will be valid for all elections to be held during the next two regularly scheduled general election cycles for federal offices.</p> <p>If I wish to waive this right and have this application expire earlier, I am providing an expiration date below. <i>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.</i></p> <p>This application should expire on _____            Month / Day / Year</p>

**Delivery of Ballot (select one)**

<input type="checkbox"/> Deliver an absentee ballot to me by electronic transmission for all Federal, state, and county offices and all state and county referenda. I have provided an e-mail address above.	<input type="checkbox"/> Deliver an absentee ballot to me by U.S. mail, or hand-delivery if requested in person, for all Federal, state, and county offices and all state and county referenda.
--	---

**Reason for Requesting to Vote by Absentee Ballot**

I am applying for an absentee ballot because I am a member of, or a spouse or dependent of a member of, the Armed Forces of the U.S. or am a U.S. citizen residing overseas and am qualified to vote by absentee ballot pursuant to the Uniformed and Overseas Citizens Absentee Voting Act, 42 U.S.C. 1973ff.

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	<b>Complete this section if voter signs by mark</b> →	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 (§17-11-4, Code of Alabama, 1975).

**READ PENALTIES ON BACK**