

# APPLICATION FOR EMERGENCY ABSENTEE BALLOT FORM AV-E1

MADISON COUNTY, ALABAMA

Return this application to:  
Debra Kizer, Circuit Clerk  
Madison County Courthouse  
100 North Side Square  
Huntsville, Alabama 35801-4820

## 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	<b>Driver's License Number</b>	
Home Telephone Number ( )		Work Telephone Number ( )		STATE	NUMBER
				<b>IF NO DRIVER'S LICENSE NUMBER</b>	
				Last 4 digits of Social Security number	

### 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 | <input type="checkbox"/> Primary Runoff Election             |
| <i>Select one:</i> <input type="checkbox"/> Democratic Party                 | <i>Select one:</i> <input type="checkbox"/> Democratic Party |
| <input type="checkbox"/> Republican Party                                    | <input type="checkbox"/> Republican Party                    |
| <input type="checkbox"/> Other _____   | <input type="checkbox"/> Other _____                         |
| <input type="checkbox"/> Amendments Only                                     | <input type="checkbox"/> Amendments Only                     |
| <input type="checkbox"/> General Election                                    | <input type="checkbox"/> Municipal Election                  |
| <input type="checkbox"/> Special Election (specify) _____                    |  |

- 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 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 have a business emergency. By signing this application, I do solemnly swear or affirm that I was not aware of the out-of-county business requirement prior to the five (5) days before the election. [The voter must deliver the application by hand to the Absentee Election Manager during the five (5) days 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	<b>Complete this section if voter signs by mark</b> →	Witness Signature
		Print Witness Name

The voter, or his or her designee in the case of a medical emergency, may hand this application to the Absentee Election Manager. Except in the case of a business emergency, 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].

### READ PENALTIES ON BACK

#### PHYSICIANS REPORT FOR MEDICAL EMERGENCY

Physician shall describe and certify the circumstances as constituting the emergency.

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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.