

APPLICATION FOR MUNICIPAL PERMANENT DISABILITY ABSENTEE BALLOT

FOR USE ONLY BY INDIVIDUALS VOTING ABSENTEE DUE TO
A PERMANENT DISABILITY

Return this application to:

FORM AV-D2
Date Revised 06/22/2021

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

Type of Ballot (select one)

Duration of Absentee Ballot Application

- Municipal Election
- Municipal Runoff Election
- Special Municipal Election (specify) _____

By signing this application, I am attesting that I am permanently disabled and unable to attend the polls. I am eligible to vote absentee pursuant to § 17-11-3.1.

I understand that this application will be valid for all municipal elections to be held during this calendar year. For election cycles that span multiple calendar years, this application will be valid for the entire election cycle.

I further understand that annual renewal of this application will be required.

Physician's Report (Please note that the physician's signature must be notarized.)

Physician shall describe and certify the circumstances as constituting the voter's condition. Electronic or remote notarization is not permitted.

Sworn to and subscribed before me this _____ day of _____,
20___. I certify that the affiant is known (or made known) to me to
be the identical party he or she claims to be.

Signature of Notarizing Official

Title of Notarizing Official

Physician's Signature

Date

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

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.