## **APPLICATION FOR PERMANENT DISABILITY ABSENTEE BALLOT**

#### FOR USE ONLY BY INDIVIDUALS VOTING ABSENTEE DUE TO A

### **PERMANENT DISABILITY**

COUNTY, ALABAMA Please note 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 Informati   | on - Please provide complete i   | nformation so   | that we may veri      | fy your eliaibility         | to vote          |
|---|--|---|-----------------------|-----------------------------|------------------|
|   | t Name Middle or Maiden Nam  |   |                       | y your engionity            | 10 1010.         |
| Street Address (address where )   | O box)   | City  | /                     | ZIP                         |                  |
| If requesting mail delivery of a ba   | allot, provide a mailing address, if differe                               | ent from the stree  | t address provided al | oove                        |                  |
| Precinct where you vote (name a   | and/or location of your polling place)                                     |   |                       |                             |                  |
| Date of Birth Mont  | h Day Year   | Driver's Lic  | ense Number           | IF NO DRIVER'S              |                  |
| Home Telephone Number ( )   | Work Telephone Number ( )  |   | NUMBER                | Social Security<br>- number |                  |
| Type of Ballot (select one  | )  |   | r Applying to Vo      | te Absentee                 |                  |
| <ul> <li>Primary Election or Presidential Preference Primary</li> <li>Select one: Democratic Party</li> <li>Other</li> <li>Amendments Only</li> <li>Primary Runoff Election</li> <li>Select one: Democratic Party</li> <li>Republican Party</li> <li>Other</li> <li>Other</li> <li>Amendments Only</li> </ul> |  | <ul> <li>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 Act 2019-359.</li> <li>I understand that this application will be valid for all county, state, and federal 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.</li> <li>I further understand that annual renewal of this application will be required.</li> </ul> |                       |                             |                  |
| Special Election ( <i>specify</i> )   |  |   |                       |                             |                  |
| If a primary or runoff, check one: Der  |  |   |                       |                             |                  |
| Physician shall des   | affiant is known (or made known  | nces as consti  |                       | condition.                  |                  |
| Sig   | gnature of Notarizing Official   |   | Physici               | an's Signature              | Date             |
|   | Title of Notarizing Official   |   |                       |                             |                  |
|   | ee ballot, I understand that my r<br>allot, I understand that I will not I |   |                       |                             | ectors and,      |
| Voter's Signature Complete this section if voter  |  |   | ess Signature         |                             |                  |
| The voter may hand this an  | signs by mark plication to the Absentee Electic                            |   | Witness Name          | o forward this or           | nlication to the |
|   | ager by U.S. Mail or commercia   |   |                       |                             |                  |

Return this application to:

FORM AV-D1 Date Revised 07/23/2019

# 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.