

APPLICATION FOR MUNICIPAL ABSENTEE BALLOT

FORM AV-M1

Date Revised 06.13.2022

_____ COUNTY, ALABAMA

Return this application to:
City of Madison
Election Manager – Lisa D. Thomas
City Clerk Department
100 Hughes Road
Madison, AL 35758

- If you changed residence since you last voted, you must update your voter registration information at alabamavotes.gov or with your local Board of Registrars before submitting this application.
- 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		
Street Address (address where you are registered to vote; do not use PO box)			City	State	ZIP
Mailing Address you want to receive requested ballot, if different from above					
E-mail Address					
Date of Birth (mm/dd/yyyy)		Driver's License Number		IF NO AL DRIVER'S LICENSE NUMBER	
Home/Cell Telephone Number ()		Work Telephone Number ()		Last 4 digits of Social Security number	
		STATE	NUMBER		

For all registered voters

I hereby make application for an absentee ballot so that I may vote in the following election:

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

■ Absentee ballots for municipal elections more than 42 days apart must be requested on separate applications

I am applying for an absentee ballot because (check at least one box):

- I expect to be out of the county or the state on election day.
- I am physically incapacitated and will not be able to vote in person on election day. *[ID Required]*
- I am physically incapacitated and will not be able to vote in person on election day. I am unable to access my assigned polling place due to a neurological, musculoskeletal, respiratory (including speech organs), cardiovascular, or other life-altering disorder that affects my ability to perform manual tasks, stand for any length of time, walk unassisted, see, hear or speak **and**: a) I am an elderly voter aged 65 or older; **or**
- b) I am a voter with a disability.
- [ID Not Required]*
- I expect to work a required workplace shift which has at least 10 hours which coincide with the polling hours at my regular polling place.
- I am a student at an educational institution located outside the county of my permanent residence and am therefore unable to vote at my usual polling place on election day.
- I am a member of, or a spouse or dependent of a member of, the Armed Forces of the United States or am otherwise entitled to vote absentee pursuant to the Uniformed and Overseas Citizens Absentee Voting Act, 52 U.S.C. § 20302. *[ID Not Required]*
- This application for an absentee ballot will be valid for all county, state, and federal elections held during this calendar year unless you specify an earlier expiration date here: _____.
- I have been appointed as an election officer at a polling place which is not my regular polling place.
- I am a caregiver for a family member to the second degree of kinship by affinity or consanguinity and the family member is confined to his or her home.
- I am currently incarcerated in prison or jail and I have not been convicted of a felony involving moral turpitude. (See back for felonies involving moral turpitude.)

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 or Mark	Complete this	Witness Signature
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