

**To:** Board of Pardons & Paroles  
**Re:** Request for **Certificate of Eligibility to Register to Vote**

I request the Alabama Board of Pardons & Paroles to reinstate my right to register to vote.

**I was convicted under the name of:** \_\_\_\_\_

**My true name is** (if different from above): \_\_\_\_\_

**Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **SSN#:** \_\_\_\_-\_\_\_\_-\_\_\_\_ **Race:** \_\_\_\_\_

**Sex:** \_\_\_\_\_ **Ala. Prison # (AIS#)** (if applicable): \_\_\_\_\_

**Residence Address:** \_\_\_\_\_

\_\_\_\_\_  
 City State County Zip Code:

**Mailing Address:** \_\_\_\_\_

(if different from above)

\_\_\_\_\_  
 City State County Zip Code:

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Work / Alt. Phone:** (\_\_\_\_) \_\_\_\_\_

**Complete List of Convictions:**

Conviction	County / state of conviction	Year	Court Type:
_____	_____/_____	_____	State / Federal
_____	_____/_____	_____	State / Federal
_____	_____/_____	_____	State / Federal
_____	_____/_____	_____	State / Federal
_____	_____/_____	_____	State / Federal

If other convictions need to be listed, check this box  and list them on other side of this sheet.

\_\_\_\_\_  
**Signature of Applicant** **Date**

**Please fill out completely and clearly, and send application to the below address. We will forward it to the Board of Pardons & Paroles on your behalf.**

ACLU of Alabama, ATTN: CERV Application  
 207 Montgomery St., Suite 910, Montgomery, AL 36104