

# Request for Certificate of Eligibility to Restore Voting Rights

Name Under which convicted: \_\_\_\_\_

True Name: \_\_\_\_\_

Sex and Race: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Alabama Prison Number  
If you have one \_\_\_\_\_

Current Physical Address: \_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Indicate if the conviction was  
A State or Federal Conviction: \_\_\_\_\_

Home Telephone Number: ( ) \_\_\_\_\_

Work or Alternate Phone: ( ) \_\_\_\_\_

Complete List of Charges: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

County of Conviction: \_\_\_\_\_

Year of Conviction: \_\_\_\_\_

Mail this form to:

Board of Pardons and Paroles  
P.O. Box 302405  
Montgomery, AL 36130-2405