

REQUEST FOR MISSOURI ABSENTEE BALLOT

I, \_\_\_\_\_, do hereby request an absentee ballot for the  
Name of Voter, Printed, as Registered

\_\_\_\_\_ Election.  
Election Date Political Party (required only if primary election)

Address where Voter is Registered to Vote (this is physical or residential address):

\_\_\_\_\_  
(Number, Street, Apartment or Unit#)

\_\_\_\_\_  
(City, State, Zip Code)

Reason for requesting an absentee ballot:

Absence on Election Day from the jurisdiction in which I am registered

Member of the Uniformed Services  (Y/N)

Overseas voter  (YIN)

Incapacity or Confinement due to illness or physical disability, including caring for a person who is incapacitated or confined due to illness or disability and resides at the same address

Religious belief or practice

Employment as an election authority or by an election authority at a location other than my polling place, as a first responder, health care worker, or member of law enforcement

Incarceration, although I have retained all the necessary qualifications for voting

Certified participation in the address confidentiality program ("Safe at Home") established under sections 589.660 to 589.681 because of safety concerns

Address where ballot is to be mailed:

\_\_\_\_\_  
(Number, Street, Apartment or Unit#)

\_\_\_\_\_  
(City, State, Zip Code)

Telephone number: \_\_\_\_\_ (include area code)

I do solemnly swear that all statements made on this application are true to the best of my knowledge and belief.

\_\_\_\_\_  
Registered voter/guardian/family member signature

\_\_\_\_\_  
Date