

Voter ID Number \_\_\_\_\_

## COUNTY CLERK'S RECORD REQUEST FOR ABSENTEE BALLOT

I, \_\_\_\_\_, do hereby request an absentee ballot for the  
**(print name)**

\_\_\_\_\_ Election.

For identification purposes, the last four digits of my social security number are \_\_\_\_\_.

If the election is a primary election, please print the name of the political party ballot you wish to receive  
\_\_\_\_\_. (Democrat, Republican, Libertarian, etc.)

**Reason for requesting an absentee ballot:**

- \_\_\_\_\_ (1) Absence on Election Day from the jurisdiction of the election authority in which registered to vote;
- \_\_\_\_\_ (2) Incapacity or confinement due to illness or physical disability, including a person who is primarily responsible for the physical care of a person who is incapacitated or confined due to an illness or disability;
- \_\_\_\_\_ (3) Religious belief or practice;
- \_\_\_\_\_ (4) Employment as an election authority, as a member of an election authority, or by an election authority at a location other than your polling place;
- \_\_\_\_\_ (5) Incarceration, provided all qualifications for voting are retained.

**Address where I am registered to vote:**

\_\_\_\_\_

(Street address)

\_\_\_\_\_

(Ward/Precinct)

\_\_\_\_\_

(City, State, Zip Code)

**Address where ballot is to be mailed:**

\_\_\_\_\_

(Street address)

\_\_\_\_\_

(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.

\_\_\_\_\_  
**Signature of Registered Voter**

\_\_\_\_\_  
**Date**

Mail, Fax or return this completed form to the County Clerks Office/Election Authority at 411 Jules Street, St. Joseph, MO 64501. Missouri Law requires that requests for absentee ballots must be received by 5:00 p.m. on the Wednesday prior to Election Day if the ballot is to be mailed. The deadline for absentee voting in person in the office of the County Clerk is 5:00 p.m. on the day before the election. §§ 115.279, 115.284.5

FAX Number: 816-271-1535

Absentee Number: \_\_\_\_\_