

## REQUEST FOR MISSOURI ABSENTEE BALLOT

I, \_\_\_\_\_, do hereby request an absentee ballot for the  
Printed name

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

For identification purposes: Date of Birth (MM/DD/YY) \_\_\_\_\_ or last four digits of Social Security number \_\_\_\_\_

If this is a primary election, please print the name of the political party ballot you wish to receive: \_\_\_\_\_

Reason for requesting an absentee ballot:

- \_\_\_\_\_ Absence on Election Day from the jurisdiction of the election authority in which I am registered  
Member of the Uniformed Services \_\_\_\_\_ (Y/N) Overseas voter \_\_\_\_\_(Y/N)
- \_\_\_\_\_ Incapacity or confinement due to illness or physical disability, including caring for a person who is incapacitated or  
confined due to illness or disability
- \_\_\_\_\_ Religious belief or practice
- \_\_\_\_\_ Employment as an election authority or by an election authority at a location other than my polling place
- \_\_\_\_\_ Incarceration, although I have retained all the necessary qualifications for voting
- \_\_\_\_\_ Certified participation in the address confidentiality program established under sections 589.660 to 589.681  
because of safety concerns
- \_\_\_\_\_ I have contracted or am in an at-risk category for contracting or transmitting severe acute respiratory syndrome  
coronavirus 2, pursuant to Section 115.277.6, RSMo.

### **At-risk voters are individuals who:**

- Are 65 years of age or older
- Have serious heart conditions
- Are immunocompromised
- Have liver disease
- Live in a long-term care facility licensed under Chapter 198, RSMo.
- Have chronic lung disease or moderate to severe asthma
- Have chronic kidney disease and are undergoing dialysis
- Have diabetes

Address where I am registered to vote:

Address where ballot is to be mailed:

\_\_\_\_\_  
(Street Address or PO Box)

\_\_\_\_\_  
(Street Address or PO Box)

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

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

Telephone number: \_\_\_\_\_  
(Include Area Code)

Email address: \_\_\_\_\_

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 this completed form to your local election authority. Addresses can be found [on the Missouri Secretary of State's website](#). Missouri law requires that requests for absentee ballots must be received by 5:00 p.m. on the second Wednesday prior to Election Day if the ballot is mailed. The deadline for absentee voting in person in the office of the election authority is 5:00 p.m. on the day before the election. If you registered by mail and this is your first time voting, you must provide a copy of either: (1) an ID issued by the Federal Government, state of Missouri, or a local election authority; (2) ID issued by a Missouri institution (public or private) of higher education; or (3) a current utility bill, bank statement, paycheck, government check or other government document that contains your name and address.*