

**“PERMANENTLY DISABLED”
ABSENTEE BALLOT APPLICATION
(115.284 RSMO)**

STATE OF MISSOURI)
County _____)

DATE: _____

I, _____, declare that I am a resident and
(Print applicant's name)
registered voter of _____ County, Missouri, and that I am permanently disabled.

My home address is _____.

I hereby request that my name be placed on the Election Authority's list of voters qualified to participate as absentee voters pursuant to section 1 of this Act, and that I be delivered an absentee ballot for this election. I declare under penalties of perjury that I will be prevented from going to the polls on Election Day.

Last 4 digits of SS#: _____ and/or Date of Birth: _____

Mail Ballot to the following address if different from home address: _____

I hereby state that I am qualified to vote in this election.

Signature of Applicant

Phone Number: _____

Email Address: _____

*According to Missouri State Statutes, we are required to send all permanently disabled voters who have applied to be placed on the permanently disabled list, an **application** for absentee ballot prior to every election. **If you would like to vote absentee in the upcoming election, please complete this form and return it to your local election authority:***

The voter with a disability is exempt from having the ballot notarized.

Remember to return your application promptly!

For Office Use Only

Date Application Received:

Voter I.D.# _____ Pct.# _____

Ballot Style _____ Date Ballot Mailed: _____