

This form has been designed to be completed online. Simply fill out the necessary information, print, sign, mail or return by email attachment.

REQUEST FOR MISSOURI 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 include the name of the political party ballot you wish to receive _____.
If you registered by mail and this is your first time voting you must provide a copy of current valid photo identification or a copy of a current utility bill, bank statement, paycheck, or government document that shows your name and address.

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 caregiver
- ____ (3) A member or spouse of a member of the uniformed services or merchant marine on active duty
- ____ (4) Employment as an election authority, as 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
- ____ (6) Certified participation in the address confidentiality program established under sections 589.660 to 589.681 because of safety concerns.

Address where I am registered to vote:

Address where ballot is to be mailed:

(Street Address)

(Street Address or PO Box)

(City, State, Zip Code)

(City, State, Zip Code)

Telephone Number: _____ () - _____

E-Mail Address: _____

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



(Signature of Applicant)

/ /

(Relationship to Applicant, if signed by a relative)

(Date)

Missouri law requires that an application for an absentee ballot must be received in the County Clerk's office by 5:00 p.m. on the Wednesday prior to Election Day if ballot is to be mailed.

Return this completed form to Cindy Elmore, Stone County Clerk, PO Box 45, Galena, MO 65656 scocmisty@gmail.com or scoclander@gmail.com, Phone:417-357-6127 Fax: 417-357-6861