## 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.
	of my social security number are  Ide the name of the political party ballot you wish to receive  y mail and this is your first time voting you must provide a copy
	of a current utility bill, bank statement, paycheck, or
Reason for requesting an absentee ballot:	
(1) Absence on Election Day from the juri	sdiction of the election authority in which registered to vote
(2) Incapacity or confinement due to illne	ss or physical disability; including caregiver
(3) A member or spouse of a member of t	the uniformed services or merchant marine on active duty
(4) Employment as an election authority, at a location other than your polling p(5) Incarceration, provided all qualificatio	
(6) Certified participation in the address c 589.681 because of safety concerns.	onfidentiality program established under sections 589.660 to
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 o	on this application are true to the best of my knowledge.
(Signature of Applicant)	/ /
(Relationship to Applicant, if signed by a relative	ve) (Date)
	sentee ballot must be received in the County Clerk's office no later Election Day if ballot is to be mailed. Voters can vote by absentee in fore the election.

Return this completed form to Cindy Elmore, Stone County Clerk, PO Box 45, Galena,

417-357-6861

MO 65656 Jeri.Row@stonecountymo.gov or Amanda.Davis@stonecountymo.gov, Phone:417-357-6127 Fax: