

REQUEST FOR MISSOURI ABSENTEE BALLOT

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

November 3, 2020 General Election.
Election Date

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

**Reason for requesting an absentee ballot (select ONE reason):
(NOTARY REQUIRED UNLESS SPECIFICALLY NOTED BELOW)**

- _____ Absence on Election Day from the jurisdiction of the election authority in which I am registered
- _____ Incapacity or confinement due to illness or physical disability, including caring for a person who is incapacitated or confined due to illness or disability. **(NO NOTARY REQUIRED)**
- _____ 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. **(NO NOTARY REQUIRED)**

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: _____

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

Options for returning this form:

Mail: Cindy Elmore, Stone County Clerk, PO Box 45, Galena, MO 65656
Print, sign and email to: Jeri.Row@stonecountymo.gov or Cindy.Elmore@stonecountymo.gov
Print, sign and Fax to: 417-357-6861

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.