

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

**NOTICE OF PERMANENT DISABILITY  
AND  
REQUEST TO JOIN PERMANENTLY DISABLED ABSENTEE VOTING LIST**

State of Missouri  
County of Stone

I, \_\_\_\_\_, declare that I am a resident  
**(Applicants Name)**  
and registered voter of Stone County, Missouri and that I am permanently disabled. I hereby  
request that my name be placed on the list of voters qualified to vote by absentee ballot  
pursuant to Section 115.284 RSMo (2000), due to my permanent disability status. Pursuant to  
Section 115.284 RSMo (2000), I further request that I be delivered an absentee ballot  
application for each election in which I am eligible to vote.

Address where I am registered to vote:

Address where ballot is to be mailed:

\_\_\_\_\_  
**(Street Address)**

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

\_\_\_\_\_  
**(City)**

\_\_\_\_\_  
**(City)**

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

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

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**(Date)**