

**REQUEST FOR MISSOURI ABSENTEE OR MAIL-IN BALLOT
PRIMARY ELECTION - AUGUST 4, 2020**

Please circle ONE political party preference.

Republican Democratic Libertarian Constitution Green Nonpartisan (Issues Only)

Voter's Name: _____

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

Registered Voting Address: _____

City: _____ ZIP Code: _____

Telephone Number: _____ Email Address: _____

Address to which ballot is to be mailed (if different than above):

Address: _____

City: _____ ZIP Code: _____

ABSENTEE BALLOT REQUEST (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, RSMo., because of safety concerns
- _____ I have contracted or am in an at-risk category for contracting or transmitting severe acute respiratory syndrome . coronavirus 2 (COVID-19), 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

If you request an absentee ballot, this form may be returned to your local election authority in person, by mail, by fax, or by email.

MAIL-IN BALLOT REQUEST:

(NOTARY REQUIRED FOR ALL MAIL-IN BALLOTS)

_____ Any registered voter can request a mail-in ballot. If selecting this option, this form must be delivered to your local election authority in person or by mail only.

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 _____

**Return this completed form to Cindy Elmore, Stone County Clerk, PO Box 45, Galena, MO 65656.
Jeri.Row@stonecountymo.gov or Amanda.Davis@stonecountymo.gov. Phone: 417-357-6127 Fax: 417-357-6861
Missouri law requires that requests for ballots to be mailed to you must be received by 5:00 p.m. on July 22, 2020.**