

REQUEST FOR AUGUST 4, 2020 MISSOURI ABSENTEE BALLOT

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

Printed name

AUGUST 4, 2020

Election.

Election Date

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

This is a primary election, check the name of the political party ballot you wish to receive:

<input type="checkbox"/>	REPUBLICAN
<input type="checkbox"/>	DEMOCRAT
<input type="checkbox"/>	LIBERTARIAN
<input type="checkbox"/>	GREEN
<input type="checkbox"/>	CONSTITUTION

Reason for requesting an absentee ballot:

- _____ 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
- _____ 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.

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: _____
(Include Area Code)

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

Mail this completed form to your local election authority. Addresses can be found [on the Missouri Secretary of State's website](#). 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. If you registered by mail and this is your first time voting, you must provide a copy of either: (1) an ID issued by the Federal Government, state of Missouri, or a local election authority; (2) ID issued by a Missouri institution (public or private) of higher education; or (3) a current utility bill, bank statement, paycheck, government check or other government document that contains your name and address.