

**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  | • Live in a long-term care facility licensed under Chapter 198, RSMo. |
| • Have serious heart conditions | • Have chronic lung disease or moderate to severe asthma              |
| • Are immunocompromised         | • Have chronic kidney disease and are undergoing dialysis             |
| • Have liver disease            | • 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 your local election authority. Contact information can be found [on the Missouri Secretary of State's website](#). Missouri law requires that requests for ballots to be mailed to you must be received by 5:00 p.m. on July 22, 2020.