

**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.