

REQUEST FOR MISSOURI ABSENTEE BALLOT

I, _____, do hereby request an absentee ballot for the
(print name)
_____ Election.

For identification purposes, the last four digits of my social security number are _____.
If the election is a primary election, please print the name of the political party ballot you wish to receive
_____. If you registered by mail and this is your first time voting you must provide a copy of current
valid photo identification or a copy of a current utility bill, bank statement, government check, paycheck, or
government document that shows your name and address.

Reason for requesting an absentee ballot:

- _____ (1) Absence on Election Day from the jurisdiction of the election authority in which registered to vote
- _____ (2) Incapacity of confinement due to illness or physical disability, including a person who is primarily responsible for the physical care of a person who is incapacitated or confined due to illness or disability;
- _____ (3) Religious belief or practice
- _____ (4) Employment as an election authority, as a member of an election authority, or by an election authority at a location other than your polling place
- _____ (5) Incarceration, provided all qualifications for voting are retained

Address where I am registered to vote:

(Street address)

(City, State, Zip Code)

Address where ballot is to be mailed:

(Street address)

(City, State, Zip Code)

Telephone number: _____
(Include area code)

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 or Fax Completed and Signed Form to:

Laclede County Clerk

Laclede County Government Center 200 N. Adams Lebanon, MO 65536

Fax Form to Laclede County Clerk at 417 588-9288