

APPLICATION FOR OFFICIAL ABSENTEE BALLOT

IN PERSON OR BY MAIL – PERMANENT

STATE OF MISSOURI

Date _____

COUNTY OF PETTIS

Voter Registration # _____

I, _____, declare that I am a resident and registered voter of Pettis County, Missouri and that I am permanently disabled or Care Giver. I hereby request that my name be placed on the list of voters qualified to vote by absentee ballot pursuant to Section 115.284 RSMo (2000), due to my permanent disability status. Pursuant to Section 115.284 RSMo (2000), I further request that I be delivered an absentee ballot application for each election in which I am eligible to vote.

Mail Ballot(s) to me at the following: _____

City, State, Zip

Phone Number

Signature of Applicant

Relationship to applicant: Self
 Relative

If requesting for a Primary Election Please pick one of the following parties:

Republican Democrat Libertarian Green
 Constitutional Non-Partisan

Sent by _____ County Clerk/Deputy/Elections Clerk

Ballot Sent _____