

APPLICATION FOR OFFICIAL ABSENTEE BALLOT

IN PERSON OR BY MAIL – TEMPORARY

STATE OF MISSOURI

Voter ID _____

COUNTY OF PETTIS

DATE _____

I, _____, the undersigned applicant, do hereby apply for an Absentee Ballot to be voted by me at the **General Municipal/Primary/Special/General** election to be held on the _____ day of _____, _____.

I am a resident of the _____ Precinct/Township of Pettis County and State of Missouri and am lawfully entitled to vote in the said Precinct/Township at said election.

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

City, State, Zip

Phone Number

I expect to be prevented from going to the polls to vote on Election Day due to:

- | | |
|---|--|
| <input type="checkbox"/> ILLNESS | <input type="checkbox"/> INCARCERATION |
| <input type="checkbox"/> DISABILITY | <input type="checkbox"/> ABSENCE FROM |
| <input type="checkbox"/> RELIGIOUS PRACTICE | COUNTY OR CITY |
| <input type="checkbox"/> EMPLOYMENT | |

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\_\_\_\_\_  
Show Party for Primary

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Application Received

\_\_\_\_\_  
Relationship to applicant

How Made:     In Person     Mail     Relative/Guardian

Sent by \_\_\_\_\_ County Clerk/Deputy Clerk/Election Clerk