

Voter ID Number _____

COUNTY CLERK'S RECORD REQUEST FOR 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
_____. (Democrat, Republican, Libertarian, etc.)

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 or 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 an 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.
- _____ (6) Certified participation in the address confidentiality program established under Sections 589.660 to 589.681 because of safety concerns.

Address where I reside:

(Street address)

(Ballot Style)- office use only

(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, email, fax or return in person this completed form to the County Clerks Office/Election Authority at 411 Jules Street, Room 121, St. Joseph, MO 64501. Missouri Law requires that requests for absentee ballots must be received by 5:00 p.m. on the **2nd Wednesday prior to Election Day** if the ballot is to be mailed. The deadline for absentee voting in person in the office of the County Clerk is 5:00 p.m. on the day before the election. **If you registered by mail or online and this is your first time voting, you must provide a copy of either:** (1) an ID issued by the Federal Government, state of Missouri, or a local election authority; (2) ID issued by a Missouri institution (public or private) of higher education; or (3) a current utility bill, bank statement, paycheck, government check or other government document that contains your name and address.

FAX Number: 816-271-1535. EMAIL: mgarvey@co.buchanan.mo.us

(RSMo 115.279, 115.283, 115.284, 115.427)