

**Instructions:** *Print and sign* this document and then return it to the Boone County Clerk.

**Email** signed PDF to [absentee@boonecountymo.org](mailto:absentee@boonecountymo.org), *or*

**FAX** signed application to **573-886-4300**, *or*

**Mail** signed application to "Boone County Clerk, 801 East Walnut, Rm 236, Columbia, MO 65201."

**Note:** Ballots will be mailed 6 weeks prior to the election.

## REQUEST FOR ABSENTEE BALLOT

\_\_\_\_\_, declare that I am a resident and registered voter of Boone  
(Print Name)  
County, Missouri, and request an absentee ballot for: **November 4, 2025 Special Election**

### Reason for requesting an absentee ballot (check one):

- ☐ Absence from Boone County on Election Day;
- ☐ Incapacity or confinement due to illness or physical disability on election day, including a person who is primarily responsible for the physical care of a person who is incapacitated or confined due to illness or disability and resides at the same address; **(no notary required on your ballot envelope)**
- ☐ Religious belief or practice;
- ☐ Employment as an election authority, an election authority at a location other than your polling place, a first responder, a health care worker, or a member of law enforcement;
- ☐ Incarceration, provided all qualifications for voting are retained;
- ☐ Certified participation in the Missouri Secretary of State's address confidentiality program established under sections 589.660 to 589.661.

\_\_\_\_\_  
Your Boone County Residential Address                      City                      State                      Zip Code

\_\_\_\_\_  
Mail my ballot to the following address                      City                      State                      Zip Code  
(IF DIFFERENT THAN ABOVE)

Last four digits of Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_  
(Include area code)

- ☐ (Optional) I am permanently disabled and hereby request that my name be placed on the election authority's list of voters qualified to participate as absentee voters pursuant to Section 115.284, and that I be delivered an absentee ballot application for each election in which I am eligible to vote.

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

\_\_\_\_\_  
Voter Mark (if unable to sign)

Mail this completed form to the **Boone County Clerk's Office at 801 E. Walnut, Room 236, Columbia MO 65201** or email/fax this completed request to: **absentee@boonecountymo.org** (email) or **(573) 886-4300** (fax). Please note: If you registered to vote by mail or online and this is your first time voting, you must provide a copy of your photo ID. Include a copy by mail with this application or email it to **absentee@boonecountymo.org**.