

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

Email signed PDF to 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: **April 8, 2025 Municipal 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**.