

**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

I \_\_\_\_\_, declare that I am a resident and registered voter of Boone County, Missouri, and request an absentee ballot for the November 3, 2020 General Election.  
(Print Name)

Reason for requesting an absentee ballot (check one):

- Absence from Boone County on Election Day;
- 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 illness or disability; **(no notary required on your ballot envelope)**
- Religious belief or practice;
- 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;
- 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;
- For an election that occurs during the year 2020, the voter has contracted or is in an at-risk category for contracting or transmitting severe acute respiratory syndrome coronavirus 2. **(no notary required on your ballot envelope)**

Your Voter Registration Address:

\_\_\_\_\_  
(Street address)

\_\_\_\_\_  
(City, State, Zip Code)

Mail my ballot to the following address:

\_\_\_\_\_  
(Street address)

\_\_\_\_\_  
(City, State, Zip Code)

Last four digits of social security number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone 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

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](mailto:absentee@boonecountymo.org)** (email) or **(573) 886-4300** (fax).