

**REQUEST FOR MISSOURI ABSENTEE OR MAIL-IN BALLOT  
GENERAL ELECTION - NOVEMBER 3, 2020**

Voter's Name: \_\_\_\_\_

For identification purposes: Date of Birth (MM/DD/YY) \_\_\_\_\_ or last four digits of Social Security number \_\_\_\_\_

Registered Voting Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Address to which ballot is to be mailed (if different than above):**

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**ABSENTEE BALLOT REQUEST (select ONE reason):**

(NOTARY REQUIRED UNLESS SPECIFICALLY NOTED BELOW)

- \_\_\_\_\_ Absence on Election Day from the jurisdiction of the election authority in which I am registered
- \_\_\_\_\_ Incapacity or confinement due to illness or physical disability, including caring for a person who is incapacitated or confined due to illness or disability. **(No Notary Required)**
- \_\_\_\_\_ Religious belief or practice
- \_\_\_\_\_ Employment as an election authority or by an election authority at a location other than my polling place
- \_\_\_\_\_ Incarceration, although I have retained all the necessary qualifications for voting
- \_\_\_\_\_ Certified participation in the address confidentiality program established under sections 589.660 to 589.681, RSMo., because of safety concerns
- \_\_\_\_\_ I have contracted or am in an at-risk category for contracting or transmitting severe acute respiratory syndrome . coronavirus 2 (COVID-19), pursuant to Section 115.277.6, RSMo. **(No Notary Required)**

**At-risk voters are individuals who:**

- Are 65 years of age or older
- Have serious heart conditions
- Are immunocompromised
- Have liver disease
- Live in a long-term care facility licensed under Chapter 198, RSMo.
- Have chronic lung disease or moderate to severe asthma
- Have chronic kidney disease and are undergoing dialysis
- Have diabetes

If you request an absentee ballot, this form may be returned to your local election authority in person, by mail, by fax, or by email.

**MAIL-IN BALLOT REQUEST:**

(NOTARY REQUIRED FOR ALL MAIL-IN BALLOTS)

\_\_\_\_\_ Any registered voter can request a mail-in ballot. If selecting this option, this form must be delivered to your local election authority in person or by mail only.

**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

*Return this completed form to the Boone County Clerk's Office at 801 E. Walnut, Room 236, Columbia MO 65201. Missouri law requires that requests for mailed ballots must be received by the Clerk's Office at 5:00 p.m. on October 21, 2020.*