

**PERMANENT DISABILITY
ABSENTEE VOTING REQUEST**
(§ 115.284 RSMo)

State of Missouri

County of Franklin

For office use only

ID# _____

Precinct _____

Received Ballot _____

Received in MCVR _____

Scanned _____

I, _____ (print applicant's name), declare that I am a resident and registered voter of **Franklin County, Missouri**, and am permanently disabled. I 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.

Home Address where I am **registered** to vote:

Address where ballot is to be mailed **ONLY IF DIFFERENT FROM REGISTRATION**

(Street Address)

(Street Address or P.O. Box)

(City, State & Zip Code)

(City, State & Zip Code)

(Telephone Number)

(Date of Birth)

SIGNATURE OF VOTER

DATE

Return to:

Tim Baker
Attn: Voter Registration
400 E. Locust, Room 201
Unio

Date

Stamp