

**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)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State & Zip Code)

\_\_\_\_\_  
(State & Zip Code)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
**SIGNATURE OF VOTER**

\_\_\_\_\_  
**DATE**

Return to:

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



