



FRANKLIN COUNTY ABSENTEE BALLOT REQUEST

(§115.279, 115.283, 115.284, 115.107)

For office use only
ID# _____
Precinct _____
Received Ballot _____
Received in MCVR _____
Scanned _____

I _____,
Printed Name

hereby request an absentee ballot for the _____ Election.
Election Date

For identification purposes the last four digits of my social security number are _____.

If this is a Primary Election, please circle the political party you wish to receive a ballot for:

Circle one: Republican Democrat Libertarian Other _____

Reason for requesting an absentee ballot:

- _____ Absence on election day from the jurisdiction of the election authority in which I am registered.
- _____ Incapacitated or confinement due to illness or physical disability on election day, including caring for a person who is incapacitated or confined due to illness or disability and resides at the same address.
- _____ Religious belief or practice.
- _____ Employment as an election authority or by an election authority at a location other than my polling place, a first responder, a health care worker, or a member of law enforcement.
- _____ Incarceration, although I have retained all the necessary qualifications for voting.
- _____ Certified participation in the address confidentiality program established under §589.660 to §589.681 because of safety concerns.

Home Address (where I am registered to vote):

Address where ballot is to be mailed (**If different**)

Street Address

Street Address or PO Box

City, State, Zip

City, State, Zip

Required: Telephone _____ or Email _____

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 to: Tim Baker, County Clerk
400 E Locust, Room 201
Union, MO 63084

