Absentee Ballot Application Instructions

If you would like to have an absentee ballot mailed to you, PRINT legibly on the application below and SIGN where it says "Signature of Voter". All applications for an absentee ballot submitted by mail, e-mail or fax must be received in the office of the Jackson County Board of Election Commissioners by 5:00 P.M. on the second Wednesday prior to the election. Pursuant to Missouri law (115.279), absentee ballots cannot be mailed if the application is received after this deadline.

YOU WILL NEED TO COMPLETE A SEPARATE APPLICATION FOR EACH ELECTION YOU ARE APPLYING FOR.

For your application to be complete, you must provide the following:

- The date of the election
- The date of the application
- If it is a primary election you must state which political party ballot you would like
- The applicant's daytime phone number
- The name of the applicant as registered

- The last 4 digits of the applicant's social security number
- The applicant's date of birth
- The reason for which an absentee ballot
 - is needed
- The signature of the applicant
- The address at which the applicant is registered

If you are going to be away from home and need a ballot mailed to a location other than your home address, fill out the section labeled "Mailing Address if different than Home Address".

A relative or guardian can apply for you in person at the Board of Elections office only. No need to fill out this application.

Fax to: 816-325-4642

or

E-mail to: absentee@jcebmo.org

or

Mail to: JACKSON COUNTY ELECTION BOARD
PO BOX 296
INDEPENDENCE, MO 64051

See below to complete and print application.

REQUEST FOR MISSOURI ABSENTEE BALLOT _____, do hereby request an absentee ballot for the Printed name Election. Election Date For identification purposes: Date of Birth (MM/DD/YY) or last four digits of Social Security number If this is a primary election, please print the name of the political party ballot you wish to receive: Reason for requesting an absentee ballot: (Check one reason only.) 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 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 because of safety concerns I have contracted or am in an at-risk category for contracting or transmitting severe acute respiratory syndrome coronavirus 2, pursuant to Section 115.277.6, RSMo. At-risk voters are individuals who: Are 65 years of age or older • Live in a long-term care facility lincensed under Chapter 198, RSMo. Have serious heart conditions Have chronic lung disease or moderate to severe asthma Have chronic kidney disease and are undergoing dialysis Are immunocompromised Have liver disease Have diabetes Address where I am registered to vote (where you live): Address where ballot is to be mailed (if different): (Street Address or PO Box) (Street Address or PO Box) (City, State, Zip Code) (City, State, Zip Code) Telephone number: (Include Area Code) Email address: 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 Missouri law requires that requests for absentee ballots must be received by 5:00 p.m. on the second Wednesday prior to Election Day if the ballot is mailed. Absentee Voting In-Person begins on the 6th Tuesday prior to the election and ends at 5:00 P.M. on the Monday prior. No need to Print and Fill out this application if voting In-Person. Bring your I.D.

§§ 115.279, 115.283, 115.284, 115.427 PL 107-252