

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 (or by a relative or guardian in person at the Election Board office) must be received in the office of the Jackson County Board of Election Commissioners by 5:00 P.M. on the Wednesday prior to the election. Pursuant to Missouri law (115.279), absentee ballots cannot be mailed if the application is received after this deadline.

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 address at which the applicant is 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

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".

ABSENTEE BALLOT APPLICATION (FOR REGISTERED VOTERS)

Mail This Application To:
JACKSON COUNTY ELECTION BOARD
POST OFFICE BOX 296
INDEPENDENCE, MISSOURI 64051

Election Date _____ Date of Application _____

Party Primary Election, Indicate Party _____ Phone Number _____

Print Name _____
FIRST MIDDLE NAME/INITIAL LAST

Registered Address _____
NUMBER DIRECTION STREET APT CITY ZIP

Last 4 Digits of Social Security Number _____ Date of Birth ____/____/____
(MM/DD/YYYY)

I expect to be prevented from going to the poll on election day due to the following checked reason:

- _____ 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.

OFFICE USE ONLY

Cert. # _____
Township _____
Precinct _____
Style _____
Color _____
Ballot # _____

OFFICE
MAILOUT

MAILING ADDRESS IF DIFFERENT THAN HOME ADDRESS:

CITY STATE ZIP

MISSOURI ELECTION LAW 115.279

No application for an absentee ballot submitted by mail or by a guardian or relative after 5:00 p.m. on the Wednesday immediately prior to the election shall be accepted by any election authority. No application for an absentee ballot submitted by the applicant in person after 5:00 p.m. on the day before the election shall be accepted by any election authority.

Signature of Voter _____

Signature of Guardian or relative; or Witness, If signed with an "X" _____ Relationship to applicant _____