

APPLICATION FOR OFFICIAL ABSENTEE BALLOT

State of Missouri)
) SS. Date: _____
County of Washington)

TO THE CLERK OF THE COUNTY COMMISSION:

I, _____, the undersigned applicant, do hereby apply for an Absentee Ballot(s) to be voted by me at the _____ Election to be held on the _____ day of _____, 20_____.

I am a resident of the _____ Precinct in the County of Washington and State of Missouri, and am lawfully entitled to vote in the said Precinct at said Election.

My home address in said Washington County is: _____.

I expect to be prevented from going to the polls to vote on election day due to:

- _____ 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.

Please mail my ballot(s) to me at the following address:

_____.

_____ Please include a confidential envelope for my ballot to be placed in, inside the mailing envelope.

(Show Party in Primary)

(Signature of Applicant)

(Mark)

(Relationship to Applicant, if signed by relative or guardian)

Application made: _____ In Person _____ By Mail _____ Relative or Guardian

Date Ballot mailed or delivered: _____, 2011.

Sent by: _____
County Clerk

By: _____
Deputy Clerk