

**APPLICATION TO PARTICIPATE IN THE**

**ABSENTEE VOTING PROCESS**

STATE OF MISSOURI

COUNTY OF GREENE

I, \_\_\_\_\_ (PRINT APPLICANT'S NAME)

declare that I am a resident and registered voter of GREENE 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.

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

**VOTER'S ADDRESS** \_\_\_\_\_

(please print)

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