

REQUEST FOR MISSOURI ABSENTEE BALLOT

I, _____, do hereby request an absentee ballot for the following elections of the year _____:
(Print Name) (20xx)

- February (Bond Election) April (General Municipal Election)
 August (General Primary) November (General Election)
 Presidential Preference Primary (if applicable)

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

For identification purposes, my date of birth is _____.

If the election is a primary election, please print the name of the political party ballot you wish to receive: _____.

If you registered by mail and this is your first time voting you must provide a copy of current valid photo identification.

Reason for requesting an absentee ballot (choose one):

- (1) Absence on Election Day from the jurisdiction of the election authority in which I am registered;
- (2) Incapacity 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 physical disability and resides at the same address;
- (3) Religious belief or practice;
- (4) 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;
- (5) Incarceration, although I have retained all the necessary qualifications for voting;
- (6) Certified participation in the address confidentiality program established under sections 589.660 to 589.681 because of safety concerns;

Residential Address:

(Street address)

(City, State, Zip Code)

Mailing Address (if different):

(Street address)

(City, State, Zip Code)

Telephone number: _____
(Include area code)

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

Mail this completed form to the **Greene County Clerk's Office at 940 N Boonville Ave, RM 113, Springfield, Missouri 65802**. You may also email or fax this completed request to: absenteevoting@greencountymo.gov (email) or **(417) 868-4170** (fax). The appropriate address for all other Missouri local election authorities can be found on the Missouri Secretary of State's website (www.sos.mo.gov/elections/countyclerks).

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 to be mailed. The deadline for absentee voting in person in the office of the election authority is **5:00 p.m. on the day** before the election. If you registered by mail and this is your first time voting you must provide a copy of current valid photo identification.