



REQUEST FOR MISSOURI ABSENTEE OR MAIL-IN BALLOT ELECTION -

November 3, 2020

(REQUESTS MUST BE RECEIVED BY OCTOBER 21, 2020)

Voter's Name: _____

For identification purposes: Date of Birth (MM/DD/YY) _____ or last four digits of Social Security number _____

Registered Voting Address: _____

City: _____ ZIP Code: _____

Telephone Number: _____ Email Address: _____

Address to which ballot is to be mailed (if different than above):

Address: _____

City: _____ ZIP Code: _____

REASON FOR BALLOT REQUEST (select ONE of 8 choices below):

(NOTARY REQUIRED WHEN BALLOT RETURNED UNLESS SPECIFICALLY NOTED BELOW)

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, including caring for a person who is incapacitated or confined due to illness or disability (**No Notary Required When Ballot Returned**)
3. Religious belief or practice
4. Employment as an election authority or by an election authority at a location other than my polling place
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, RSMo., because of safety concerns
7. I have contracted or am in an at-risk category for contracting or transmitting severe acute respiratory syndrome coronavirus 2 (COVID-19), pursuant to Section 115.277.6, RSMo. (**No Notary Required When Ballot Returned**)

At-risk voters are individuals who:

- Are 65 years of age or older
- Have serious heart conditions
- Are immunocompromised
- Have liver disease
- Live in a long-term care facility licensed under Chapter 198, RSMo.
- Have chronic lung disease or moderate to severe asthma
- Have chronic kidney disease and are undergoing dialysis
- Have diabetes

If you request an absentee ballot for any of the reasons above, this form may be returned to your local election authority in person, by mail, by fax, or by email.

8. Mail-In Ballot: any registered voter can request a mail-in ballot. If selecting this option, THIS FORM must be delivered to your local election authority in person or by mail only. (**NOTARY REQUIRED FOR ALL MAIL-IN BALLOTS WHEN BALLOT RETURNED**)

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

Return this completed form to the Lafayette County Clerk's Office - 1001 Main St, Lexington, MO 64067 (660) 259-4315 or niendick@lafayettecountymo.com.