OFFICE USE ONLY

	LOCATION:	REG.#	WARD	PCT.

KANSAS CITY BOARD OF ELECTION COMMISSIONERS ● 1828 Walnut St. K.C.MO 64108 ● (816) 842-4820 ext. 225
● Absentee Fax (816) 221-3348

ABSENTEE BALLOT APPLICATION

I,_____, for the purpose of securing an absentee ballot
PRINT NAME
for the election to be held on **November 3, 2009**, hereby declare that I am a registered voter at the following address:

_____, _____, _____
RESIDENTIAL ADDRESS **ZIP CODE** **PHONE#**

In Kansas City, Jackson County Missouri; that I am entitled to vote by absentee ballot at said election; that the reason for requesting an absentee ballot is:

PLEASE CHECK ONE BOX

- ❑ Absence on Election Day from the jurisdiction of the election authority in which I am registered to vote.
- ❑ 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, as a member of 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.

Note: Applicants who registered by mail and are voting for the first time must attach a copy of ID issued by the MO state government, an agency of the state, or a local election authority of the state; ID issued by the US Government or agency thereof; ID issued by an institution of higher education located within the state of MO; a copy of a current utility bill, bank statement, government check, paycheck or other government document that contains the name and address of the voter; driver's license or state ID card issued by another state; or other ID approved by the Secretary of State.

I hereby declare under the penalties of perjury that the foregoing reason is true and correct and that I truly expect to be prevented from going to the polls on Election Day due to the reason checked above.

PENALTY FOR VIOLATION – If any person shall willfully make any false certification, affidavit or statement required to be made under Missouri Election Laws, such person, upon conviction thereof, shall be deemed guilty of a class one election offense.

_____/_____/_____
Date of Birth

_____
Last 4-digits of SSN

Mailing address if different **from above:**

_____

_____

_____ZIP_____

_____ _____
SIGNATURE OF VOTER (AS REGISTERED) DATE

_____
SIGNATURE OF PERSON REQUESTING APPLICATION
FOR VOTER OR ACTING AS WITNESS IF VOTER SIGNS
WITH AN "X" OR REQUIRES ASSISTANCE

_____
RELATIONSHIP TO APPLICANT*
***(IF MAKING APPLICATION FOR A RELATIVE, YOU MUST APPLY IN PERSON)**

This application, *if properly completed and signed***, may be delivered in person, mailed to the address shown above, or faxed to the Board at 816-221-3348. If received by the Board no later than 5:00 P.M. on October 28, 2009, a ballot will be mailed.**

☞NOTE: Missouri Statutes now allow election authorities to automatically send absentee applications to all voters who are permanently disabled. If you consider yourself to be in this classification, and would like to request your name be included on this list, check here ❑.