OFFICE USE ONLY

LOCATION:	REG.#	WARD	PCT
LOCATION.	INEG.#	WAILD	1 61.

KANSAS CITY BOARD OF ELECTION COMMISSIONERS ● 30 W Pershing Rd., Lower Level #2800 K.C.MO 64108 ● (816) 842-4820 ext. 227 •Absentee E-Mail; Absenteevoting@kceb.org• Absentee Fax; (816) 221-3348

ABSENTEE BALLOT APPLICATION For the March 10, 2020 Presidential Preference Primary Election

Presidential Preference Primary Election				
YOU MUST SELECT ONE PARTY TO RECEIVE YOUR BALLOT:				
☐ REPUBLICAN ☐ DEMOCRATIC ☐ LIBERTARIAN ☐ GREEN ☐ CONSTITUTION				
I,, for the purpose of securing an absentee ballot PRINT NAME for the Presidential Preference Primary Election to be held on March 10, 2020, hereby declare that I am a registered voter at the following address:				
RESIDENTIAL ADDRESS ZIP CODE 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.				
Certified participation in the address confidentiality (SAFE at Home) program established under sections 589.660 to 589.681 because of safety concerns.				
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				
Mail ballot to this address if different from above: SIGNATURE OF VOTER (AS REGISTERED) DATE				
OR SIGNATURE OF PERSON REQUESTING APPLICATION FOR VOTER OR ACTING AS WITNESS, IF VOTER SIGNS WITH AN "X" OR REQUIRES ASSISTANCE				

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 <u>Wednesday February 26, 2020</u>, a ballot will be mailed.

RELATIONSHIP TO APPLICANT*

*(IF MAKING APPLICATION FOR A RELATIVE, YOU MUST APPLY IN PERSON)

ZIP