KANSAS CITY BOARD OF ELECTION COMMISSIONERS
ABSENTEE BALLOT REQUEST
For the August 4, 2020
PRIMARY ELECTION

YOU MUST SELECT ONE PARTY TO RECEIVE YOUR BALLOT:
☐ REPUBLICAN  ☐ DEMOCRATIC  ☐ LIBERTARIAN  ☐ GREEN  ☐ CONSTITUTION ☐ ISSUES ONLY

I, ____________________________________________, for the purpose of securing an absentee ballot for the Primary Election to be held on August 4, 2020, hereby declare that I am a registered voter at the following address:

RESIDENTIAL ADDRESS . ZIP CODE . TELEPHONE NUMBER

/ / DATE OF BIRTH LAST 4-DIGITS OF SSN EMAIL ADDRESS

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 physical disability (NO NOTARY REQUIRED 115.283);
☐ 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 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;
☐ 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. At-risk voters are individuals who:

(1) Are sixty-five years of age or older;
(2) Live in long-term care facility licensed under Chapter 198 RSMo.
(3) Have chronic lung disease or moderate to severe asthma;
(4) Have serious heart conditions;
(5) Are immunocompromised;
(6) Have diabetes;
(7) Have chronic kidney disease and are undergoing dialysis; or
(8) Have liver disease.

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

ZIP RELATIONSHIP TO APPLICANT*

Mail this completed form to KANSAS CITY BOARD OF ELECTION COMMISSIONERS, 30 W Pershing Rd., Lower Level B, #2800 K.C.MO 64108, (816) 842-4820 ext. 227 Missouri law requires that requests for absentee ballots must be received by 5:00 p.m. on July 22, 2020 the second Wednesday prior to Election Day if the ballot is 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 either: (1) an ID issued by the Federal Government, state of Missouri, or a local election authority; (2) ID issued by a Missouri institution (public or private) of higher education; or (3) a current utility bill, bank statement, paycheck, government check or other government document that contains your name and address.