

Location:	Reg #	Ward	Pct:
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KANSAS CITY BOARD OF ELECTIONS
REQUEST FOR MISSOURI ABSENTEE BALLOT
SPECIAL ELECTION
AUGUST 8, 2023



Voter's Name: _____

For identification purposes: Date of Birth (MM/DD/YY): _____ and 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: _____ State: _____ ZIP: _____

ABSENTEE BALLOT REQUEST (select ONE reason):

(BALLOT ENVELOPE WILL NEED TO BE NOTARIZED UNLESS SPECIFICALLY NOTED BELOW)

If selecting this option, this form may be returned in person or by mail, email, or fax.

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 a person who is primarily responsible for the physical care of a person who is incapacitated or confined due to illness or disability and resides at the address; **(NO NOTARY REQUIRED FOR BALLOT ENVELOPE)**
3. _____ Religious belief or practice;
4. _____ 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, 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; or
6. _____ Certified participation in the address confidentiality program established under sections 589.660 to 589.681, RSMo., because of safety concerns.

Note: Applicants who registered by mail and are voting for the first time must attach a copy of a nonexpired Missouri driver or non-driver license, a nonexpired military ID, including a veteran's ID card; a nonexpired United States passport; Another photo ID issued by the United States or the state of Missouri which is either not expired or expired after the date of the most recent general (November) election 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.

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

Signature of person requesting application for voter or acting as witness, if voter signs with an "X" or requires assistance

Relationship to Applicant

*Missouri law requires that **requests** for ballots to be mailed to you must be received **5:00 p.m. on JULY 26, 2023.***

Kansas City Board of Election Commissioners, 30 W. Pershing Rd., Lower Level B, #2800 KCMO 64108

Phone: (816)842-4820 ext. 227 • Absentee Fax (816)221-3348 • Absentee Email: absenteevoting@kceb.org or kceb@kceb.org