## OFFICE USE ONLY

| LOCATION: | REG.# | WARD | PCT. |
|-----------|-------|------|------|

KANSAS CITY BOARD OF ELECTION COMMISSIONERS ◆ 30 W Pershing Rd Lower Level #610 K.C.MO 64108 ◆ (816) 842-4820 ext. 225 ◆Absentee E-Mail absenteevoting@kceb.org◆ Absentee Fax (816) 221-3348

## ABSENTEE BALLOT APPLICATION

|   | ABOLITIEL BALLOT ALL LIGATION   |              |  |  |
|---|---|--------------|--|--|
| ,, for the purpose of securing an absentee ballot |   |              |  |  |
| for the <b>Mui</b><br>following ac                | PRINT NAME  nicipal Primary Election to be held on April 7, 2015, hereby declare that I am a registered voter at ddress:  | the          |  |  |
|   | RESIDENTIAL ADDRESS ZIP CODE PHONE# City, Jackson County Missouri; that I am entitled to vote by absentee ballot at said election; that the reasing an absentee ballot is:  | on           |  |  |
|   | 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.  |              |  |  |
| agency of the<br>higher educa<br>government o     | cants who registered by mail and are voting for the first time must attach a copy of ID issued by the MO state government, a state, or a local election authority of the state; ID issued by the US Government or agency thereof; ID issued by an institution located within the state of MO; a copy of a current utility bill, bank statement, government check, paycheck or o document that contains the name and address of the voter; driver's license or state ID card issued by another state; or other the Secretary of State. | n of<br>ther |  |  |
|   | clare under the penalties of perjury that the foregoing reason is true and correct and that I truly expect to be prever<br>to the polls on Election Day due to the reason checked above.  | ited         |  |  |
|   | FOR VIOLATION – If any person shall willfully make any false certification, affidavit or statement required to be material Election Laws, such person, upon conviction thereof, shall be deemed guilty of a class one election offense.   | ade          |  |  |
| /   | / Last 4-digits of SSN  |              |  |  |
| Mailing ad  | dress 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*  |              |  |  |

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, April 1, 2015</u>, a ballot will be mailed.

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

**▼**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 □.