OFFICE USE ONLY

LOCATION:	REG.#	WARD	PCT.

KANSAS CITY BOARD OF ELECTION COMMISSIONERS ● 30 W Pershing Rd Lower Level #2800 K.C.MO 64108 ● (816) 842-4820 ext. 247 •Absentee E-Mail absenteevoting@kceb.org • Absentee Fax (816) 221-3348

ABSENTEE BALLOT APPLICATION

For the August 2, 2016 Primary Election, you MUST choose one of the following ballots:

	DEMO	CRATIC		REPUBLICAN		LIBERTARIAN		CONSTITUTION	I	
l,					, for	the purpose of sec	curing an a	bsentee ballot		
for the		ary Election		<mark>NT NAME</mark> be held on Au ์		6, hereby declare	Ū		at the following	
			Cour	•	: I am entitl	ZIP CODE ed to vote by abse	entee ballo	PHON t at said election;		
		Absence on	Flec			ONE BOX	thority in w	hich I am register	ed to vote	
	Absence on Election Day from the jurisdiction of the election authority in which I am registered to vote.								ea 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.								
or a lo state o	cal electio f MO; a co	n authority of the ppy of a current u	e state; utility b	; ID issued by the US vill, bank statement, g	Government or overnment chec	ost attach a copy of ID is agency thereof; ID issue k, paycheck or other gov approved by the Secretar	ed by an instit vernment docu	ution of higher educati	on located within the	
				of perjury that the fo on checked above.	regoing reaso	n is true and correct ar	nd that I truly	expect to be prevente	ed from going to the	
						alse certification, affidation af		nent required to be m	ade under Missouri	
	/_ Date o	/ of Birth				Last 4-digi	ts of SSN			
Maili	ng add	ress <mark>if differ</mark>	ent f	rom above:						
	g aaa	<u></u>	<u> </u>			SIGNATURE OF	VOTER (AS	REGISTERED)	DATE	
								N REQUESTING AF		
								WITNESS, <mark>IF VOTI</mark> IRES ASSISTANCI		
		-	ın							
		Z	IP			RE	ELATIONS	HIP TO APPLICA	 NT*	

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 Wednesday, July 27, 2016, a ballot will be mailed.

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