KANSAS CITY BOARD OF ELECTIONS
REQUEST FOR MISSOURI ABSENTEE OR MAIL-IN BALLOT
GENERAL ELECTION – NOVEMBER 3, 2020

Voter’s Name: ________________________________________________________________

For identification purposes: Date of Birth (MM/DD/YY) ________________ or 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

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, including caring for a person who is incapacitated or confined due to illness or disability (NO NOTARY REQUIRED FOR BALLOT ENVELOPE)
3. _____ Religious belief or practice
4. _____ Employment as an election authority or by an election authority at a location other than my polling place
5. _____ Incarceration, although I have retained all the necessary qualifications for voting
6. _____ Certified participation in the address confidentiality program established under sections 589.660 to 589.681, RSMo., because of safety concerns
7. _____ 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. (NO NOTARY REQUIRED FOR BALLOT ENVELOPE)

At-risk voters are individuals who:
• Are 65 years of age or older
• Have serious heart conditions
• Are immunocompromised
• Have liver disease
• Live in a long term care facility
• Have chronic lung disease/asthma
• Have diabetes
• Have chronic kidney disease and are undergoing dialysis

MAIL-IN BALLOT REQUEST:
ALL MAIL-IN BALLOT ENVELOPES MUST BE NOTARIZED

If selecting this option, this form must be delivered to your local election authority in person or by mail only.

_____ Any registered voter can request a mail-in ballot.

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 October 21, 2020.

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