

Location: \_\_\_\_\_

Reg #: \_\_\_\_\_

Ward: \_\_\_\_\_

Pct: \_\_\_\_\_

**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)

**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, 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](mailto:absenteevoting@kceb.org) or [kceb@kceb.org](mailto:kceb@kceb.org)**