

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 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)**
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)**

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 BALLOTS 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