## OFFICE USE ONLY

LOCATION: Website	RFG #	WARD	PCT
	INEG.#		101.

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

l,		_, for the purpose of securing an absentee ballot	
for the Mur	PRINT NAME	April 7, 2015, hereby declare that I am a registered voter at the	
following ac		April 1, 2013, hereby declare that I am a registered voter at the	
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	RESIDENTIAL ADDRESS	ZIP CODE PHONE#	
		entitled to vote by absentee ballot at said election; that the reason	
	PLEASE CH	IECK 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 a	all the necessary qualifications for voting.	
agency of the higher educat government of	e state, or a local election authority of the state; ID tion located within the state of MO; a copy of	the first time must attach a copy of ID issued by the MO state government, an issued by the US Government or agency thereof; ID issued by an institution of a current utility bill, bank statement, government check, paycheck or other the voter; driver's license or state ID card issued by another state; or other ID	
	clare under the penalties of perjury that the for the polls on Election Day due to the reason ch	regoing reason is true and correct and that I truly expect to be prevented necked above.	
		y make any false certification, affidavit or statement required to be made n thereof, shall be deemed guilty of a class one election offense.	
/	/		
Date	of Birth	Last 4-digits of SSN	
Mailing add	dress <mark>if different</mark> 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	
	710		
	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</u>, <u>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 □.