

APPLICATION FOR OFFICIAL ABSENTEE BALLOT

§§115.279, 115.283, 115.284, 115.427 PL 107-252

STATE OF MISSOURI }
COUNTY OF Bates } ss.

Date _____ 20 _____

I, _____, the undersigned applicant, do hereby apply for an Absentee Ballot to be voted by me at the Special Run-off Election to be held on the 12th day of September 20 23.

Date of birth _____

My home address in said county is _____ ;

I expect to be prevented from going to the polls to vote on election day due to:

- | | |
|---|--|
| <input type="checkbox"/> Absence on election day from the jurisdiction in which I am registered; | <input type="checkbox"/> Religious belief or practice; |
| <input type="checkbox"/> Incapacity or confinement due to illness or physical disability on election day, including a person caring for a person who is incapacitated or confined due to illness or disability and resides at the same address; | <input type="checkbox"/> Employment as an election authority or by an election authority at a location other than my polling place, as a first responder, as health care worker, or member of law enforcement; |
| <input type="checkbox"/> Incarceration, although I have retained all the necessary qualifications of voting; | <input type="checkbox"/> Military. |
| <input type="checkbox"/> Certified participation in the address confidentiality program under Sections 589.660 to 589.681 because of safety concerns | |

Mail Ballot to me at the following address: _____

(Show Party in Primary)

(Signature of Applicant)
(Father, Mother, Spouse or Next Kin)

Mark

Please return completed form to the Bates Co Clerk's Office, 103 W. Dakota, Rm 1, Butler, MO 64730

E-mail - bates@sos.mo.gov Fax - 660-227-7090

Applications must be in the Clerk's Office by 5:00 p.m. on the second Wednesday prior to the Election.

Date Ballot mailed or delivered _____, 20 _____.

Sent by _____ County Clerk/Election Authority