

I, _____, the undersigned applicant, do hereby apply for an absentee ballot to be voted by me at the **PRIMARY** election to be held on **AUGUST 4, 2020**.

I expect to be prevented from going to the poll on Election Day due to:

- Absence** on Election Day from the jurisdiction of the election authority in which I am registered;
- Incapacity or confinement** due to illness or physical disability, including caring for a person who is incapacitated or confined due to illness or disability (notary not required);
- Religious** belief or practice;
- Employment** as an election authority or by an election authority at a location other than my polling place;
- Incarceration**, although I have retained all of the necessary qualifications for voting;
- Certified** participation in the address confidentiality program established under sections 589.660 to 589.681 because of safety concerns;
- I have contracted or am in an at-risk category** for contracting or transmitting severe acute respiratory syndrome coronavirus 2, pursuant to Section 115.277.6, RSMo at-risk voters are individuals who (notary not required):
 - are 65 years of age or older
 - live in a long-term care facility licensed under Chapter 198, RSMo
 - have serious heart conditions
 - have chronic lung disease or moderate to severe asthma
 - are immunocompromised
 - have chronic kidney disease and are undergoing dialysis
 - have liver disease
 - have diabetes

I would like a primary ballot for the party checked below

<input type="checkbox"/> Republican Party	<input type="checkbox"/> Libertarian Party	<input type="checkbox"/> Green Party
<input type="checkbox"/> Democratic Party	<input type="checkbox"/> Constitution Party	<input type="checkbox"/> Non-Partisan

*In a primary election, if you do not respond to the request for political party designation, the election authority is authorized to provide you with a non-partisan (issues only) ballot.

Residential Address _____

City, State, Zip _____

Mailing Address (*ONLY IF different*) _____

City, State, Zip _____

Telephone _____

Email _____

Date of Birth _____ SSN (last 4) _____

Missouri law requires that requests for absentee ballots must be received by 5:00 p.m. on the second Wednesday prior to Election Day if the ballot is mailed. The deadline for absentee voting in person in the office of the election authority is 5:00 p.m. on the day before the election. If you registered by mail and this is your first time voting, you must provide a copy of either: (1) an ID issued by the Federal Government, state of Missouri, or a local election authority; (2) ID issued by a Missouri institution (public or private) of higher education; or (3) a current utility bill, bank statement, paycheck, government check or other government document that contains your name and address.

I do solemnly swear that all statements made on this application are true to the best of my knowledge and belief.

Signature _____ Date _____

Please mail or email this **SIGNED** application to:
St. Charles County Election Authority
397 Turner Blvd
St. Peters, MO 63376
electionabsentee@sccmo.org