



I, _____, declare that I am a resident and registered voter of St. Charles County, Missouri, and am permanently disabled. I request that my name be placed on the list of qualified voters to participate in the permanently disabled absentee program.

All voters who qualify to be placed on the permanently disabled list will be sent an application for an absentee ballot prior to all subsequent elections.

| | |
|---|--------------|
| _____ | |
| Address | Apt |
| _____ | |
| City, State & Zip | |
| _____ | |
| Birthdate | SSN (last 4) |
| _____ | |
| Phone | |
| _____ | |
| Email | |
| _____ | |
| Under the penalty of perjury, I do hereby state that I am qualified to vote in St. Charles County, and my disability will prevent me from going to the polls on Election Day. | |
| _____ | |
| Signature | Date |

St. Charles County Election Authority
397 Turner Boulevard
St. Peters, MO 63376-1080

(636) 949-7550
electionabsentee@sccmo.org

for office use only:

Voter ID _____