

**“PERMANENTLY DISABLED”
ABSENTEE BALLOT APPLICATION**

(115.284 RSMo)

DATE: _____

STATE OF MISSOURI)
County of St. Charles)

I _____ declare that I am a resident and registered voter of St. Charles County, Missouri, and am permanently disabled.

My home address is _____.

I hereby request that my name be placed on the Election Authority’s list of voters qualified to participate as absentee voters pursuant to section 1 of this Act, and that I be delivered an absentee ballot for this election. I declare under penalties of perjury that I will be prevented from going to the polls on Election Day.

Last 4 digits of SS# _____ and/or Date of Birth _____

Mail ballot to the following address if different from home address: _____

I hereby state that I am qualified to vote in this election.

Signature of Applicant

Phone number: _____

Email address: _____

*According to Missouri State Statutes, we are required to send all permanently disabled voters who have applied to be placed on the permanently disabled list, an **application** for absentee ballot prior to every election. **If you would like to vote absentee in the upcoming election, please complete this form and return it to:***

Kurt Bahr, Director of Elections
397 Turner Blvd.
St. Peters, MO 63376
PHONE: 636-949-7550 or FAX: 636-949-7552
or EMAIL: ElectionAbsentee@sccmo.org

The disabled voter is exempt from having ballot notarized.

Remember to return your application promptly!

For Office Use Only

Voter I.D. # _____ Pct. # _____

Ballot Style _____ Date Ballot Mailed: _____

Date Application Received: _____