W_____P_____

VID#_____
Office use only

APPLICATION FOR ABSENTEE BALLOT

To be voted in the City of St. Louis, State of Missouri

CITY OF ST. LOUIS BOARD OF ELECTION COMMISSIONERS • 300 N. TUCKER BLVD., ST. LOUIS, MO 63101 • (314) 622-4336

I, _____, do hereby request an absentee ballot for the
(Print name)

☐ **Primary** ☐ **General** ☐ **Special** **Election to be held on** _____, 20_____
(Check type of election) *(Election Day)*

NOTE -- If this request is for a PRIMARY Election, you MUST choose one of the following ballots:

☐ ***Democratic*** ☐ ***Republican*** ☐ ***Green*** ☐ ***Libertarian*** ☐ ***Constitution*** ☐ ***Non-Partisan (Issues ONLY)***

I expect to be prevented from personally going to the polls to vote on Election Day due to the following reason:
☑ **NOTE: ONLY CHECK ONE REASON FOR APPLYING.**

☐ Absence from the City of St. Louis on Election Day.

☐ Incapacity or confinement due to illness or disability, including a person who is primarily responsible for the physical care of 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 as a member of an election authority at a location other than my polling place. **[DOES NOT APPLY TO A CAMPAIGN WORKER.]**

☐ Incarceration provided all qualifications for voting are retained.

☐ Certified participant in the address confidentiality program established under section 589.660-589.681 because of safety concerns. **VOTER CODE #_____ ISSUED BY MISSOURI SECRETARY OF STATE**

Home Address:

_____
(Street Address)

_____ _____ _____
(Birth Date) *(Last 4 digits of SS #)* *(Phone #)*

Address to which ballot is to be mailed:
(If different from home address)

_____
(Street Address)

_____
(City, State, Zip Code)

_____
SIGNATURE OF APPLICANT* OR "X" MARK

_____
Signature of person ***witnessing*** Applicant's "**X**" mark

***If a guardian or relative within the second degree by consanguinity or affinity signs this Application on behalf of the Applicant, he/she must do so in person at the Election Board office and indicate his/her relationship to the Applicant. A "relative within the second degree by consanguinity or affinity" includes a spouse, parent, child, grandparent, grandchild, brother, sister, mother-in-law, father- in-law, daughter-in-law or son- in-law of an Applicant.**

PENALTY FOR VIOLATION: ANY PERSON WHO KNOWINGLY MAKES, DELIVERS OR MAILS A FRADULUENT ABSENTEE BALLOT APPLICATION SHALL BE GUILTY OF A CLASS ONE ELECTION OFFENSE PUNISHABLE, UPON CONVICTION, BY IMPRISONMENT OF UP TO 5 YEARS AND/OR A FINE OF NO LESS THAN $2,500.

Mail, E-mail or Fax this completed form to the Board of Election Commissioners, 300 N. Tucker Blvd., St. Louis, MO 63101, Fax No. 314-622-3378, E-mail - stlcityabsentee@stlouis-mo.gov NOTE: Missouri law requires that applications for absentee ballots that are to be mailed to the applicant must be received by the election authority no later than 5:00 P.M. on the Second Wednesday immediately prior to the election. 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. RSMO §115.279.

For additional information, visit our website at www.stlelections.com or call 314-622-4336.
EACH APPLICATION MUST BE MAILED, E-MAILED OR FAXED INDIVIDUALLY.

[Rev. 12/18/2019]