

ABSENTEE BALLOT APPLICATION FOR ST. CHARLES COUNTY, MO

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

Election Date: _____

If this request is for a Primary Election, then you must choose one of the following ballots:

Democratic Republican Libertarian Constitution Non-Partisan (Issues ONLY)

Check one of the reasons for requesting an absentee ballot:

- _____ 1) Absence on Election Day from the jurisdiction of the election authority in which I am registered;
- _____ 2) Incapacity or confinement due to illness or physical disability, including caring for a person who is incapacitated or confined due to illness or disability;
- _____ 3) Religious belief or practice;
- _____ 4) Employment as an election authority or by an election authority at a location other than my polling place;
- _____ 5) Incarceration, although I have retained all of the necessary qualifications for voting.

Home address where I am registered to vote:

(Street Address)

(City, State, Zip Code)

Address where ballot is to be mailed (if different from above):

(Street Address)

(City, State, Zip Code)

Last four digits of SS#: _____ **and/or Date of Birth** _____

Phone #: _____
(Include area code)

Signature of Registered Voter

Date

*(You may request an absentee ballot for a family member
Within the 2nd degree in person at the Election Office.)*

You may mail or fax this completed application to:

St. Charles County Election Authority, 397 Turner Blvd., St. Peters, MO 63376 OR FAX #: 636-949-7552

Missouri law requires that requests for absentee ballots must be received in our office by 5:00 p.m. on the Wednesday prior to Election Day if the ballot is to be 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. RSMo 115.279, 115.284.5

For Office Use Only

Voter I.D. # _____ Pct. # _____

Ballot Style _____ Date Application Received: _____ Date Ballot Mailed: _____