



ABSENTEE BALLOT APPLICATION

NOVEMBER 3, 2020 – GENERAL ELECTION

VOTER'S NAME: _____ DATE OF BIRTH: _____

LAST FOUR DIGITS OF SSN: _____ PHONE NUMBER: _____ E-MAIL: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

Reason for requesting an absentee ballot (check ONE):

- ____ 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. (No Notary 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 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. (No Notary Required)

At-risk voters are individuals who: • 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

If you choose one of the above reasons, this form may be returned: BY EMAIL to BOECAbsentee@stlouisco.com BY FAX to 314-615-1998, BY MAIL to 725 Northwest Plaza Drive, St. Ann, MO 63074, OR IN PERSON

MAIL-IN BALLOT REQUEST

This form for a mail-in ballot must be delivered by U.S. mail or in person to the St. Louis County Board of Election Commissioners, 725 Northwest Plaza, St. Ann, MO 63074. A mail-in ballot will only be accepted by the St. Louis County Board of Election Commissioners through the U.S. mail.

Address to which ballot is to be mailed (if different than above):

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

SIGNATURE OF VOTER _____

DATE _____

SIGNATURE OF PERSON SUBMITTING APPLICATION (if other than voter) _____

DATE _____

RELATIONSHIP TO VOTER: _____

PHONE NUMBER: _____

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.

This application must be received by 5:00 p.m. on October 21st at the St. Louis County Board of Election Commissioners. For Absentee Information, visit www.stlouisco.com/yourgovernment/ElectionBoard or call 314-615-1833 / 314-615-1884 (TTY)