

# Absentee Ballot Application Instructions

If you would like to have an absentee ballot mailed to you, PRINT legibly on the application below and SIGN where it says "Signature of Voter". All applications for an absentee ballot submitted by mail (or by a relative or guardian in person at the County Clerk's office) must be received in the office of the Daviess County Clerk's Office 5:00 P.M. on the Wednesday prior to the election. Pursuant to Missouri law (115.279), absentee ballots cannot be mailed if the application is received after this deadline.

For your application to be complete, you must provide the following:

- The date of the election
  - The date of the application
  - If it is a primary election you must state which political party ballot you would like
  - The applicant's daytime phone number
  - The name of the applicant as registered
  - The address at which the applicant is registered
- The last 4 digits of the applicant's social security number
  - The applicant's date of birth
  - The reason for which an absentee ballot is needed
  - The signature of the applicant

If you are going to be away from home and need a ballot mailed to a location other than your home address, fill out the section labeled "Mailing Address if different than Home Address".

## ABSENTEE BALLOT APPLICATION (FOR REGISTERED VOTERS)

Mail This Application To:  
DAVIESS COUNTY ELECTION AUTHORITY  
102 N. MAIN ST  
GALLATIN, MO 64640

### MISSOURI ELECTION LAW 115.279

No application for an absentee ballot submitted by mail or by a guardian or relative after 5:00 p.m. on the Wednesday immediately prior to the election shall be accepted by any election authority. No application for an absentee ballot submitted by the applicant in person after 5:00 p.m. on the day before the election shall be accepted by any election authority.

Election Date \_\_\_\_\_ Date of Application \_\_\_\_\_

If Primary Election, Indicate Party \_\_\_\_\_ Phone Number \_\_\_\_\_

Print Name \_\_\_\_\_  
FIRST                      MIDDLE NAME/INITIAL                      LAST

Registered Address \_\_\_\_\_  
NUMBER    DIRECTION    STREET                      APT                      CITY                      ZIP

Last 4 Digits of Social Security Number \_\_\_\_\_ Date of Birth    /   /     
(MM/DD/YYYY)

MAILING ADDRESS IF DIFFERENT THAN HOME ADDRESS:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
CITY                      STATE                      ZIP

I expect to be prevented from going to the poll on Election Day due to the following checked reason:

- 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;
- 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.
- Military or Overseas Voter

Office Use Only: Ballot Style #: \_\_\_\_\_

Date Application Received: \_\_\_\_\_

Date Ballot Mailed: \_\_\_\_\_

\_\_\_\_\_  
Signature of Voter

\_\_\_\_\_  
Signature of Guardian or relative; Or Witness, If signed with an "X"                      Relationship to applicant

OFFICE USE ONLY

OFFICE

MAILOUT

Application rec'd: \_\_\_\_\_

Date application mailed: \_\_\_\_\_

Style \_\_\_\_\_

Ballot# \_\_\_\_\_