


Instructions for filling out:

 **REQUEST FOR MISSOURI ABSENTEE OR MAIL-IN BALLOT**
GENERAL ELECTION - NOVEMBER 3, 2020
ATCHISON COUNTY

Voter's Name: _____

For identification purposes: Date of Birth (MM/DD/YY) _____ or last four digits of Social Security number _____

Registered Voting Address: _____

City _____ ZIP Code: _____

Telephone Number: _____ Email Address: _____

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

Address: _____ City: _____ Zip Code: _____

Choose 1 Section below to fill out. Absentee OR Mail-In. DO NOT MARK IN BOTH SECTIONS!

ABSENTEE BALLOT REQUEST (select ONE reason):
(NOTARY REQUIRED UNLESS SPECIFICALLY NOTED BELOW)

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, RSMo., because of safety concerns

I have contracted or am in an at-risk category for contracting or transmitting severe acute respiratory syndrome coronavirus 2 (COVID-19), pursuant to Section 115.277.6, RSMo. **(No Notary Required)**

At-risk voters are individuals who:

- Are 65 years of age or older
- Have serious heart conditions
- Are immunocompromised
- Have liver disease
- Live in a long-term care facility licensed under Chapter 198, RSMo.
- Have chronic lung disease or moderate to severe asthma
- Have chronic kidney disease and are undergoing dialysis
- Have diabetes

If you request an absentee ballot, this form may be returned to your local election authority in person, by mail, by fax, or by email.

MAIL-IN BALLOT REQUEST:
(NOTARY REQUIRED FOR ALL MAIL-IN BALLOTS)

Any registered voter can request a mail-in ballot. If selecting this option, this form must be delivered to your local election authority in person or by mail only.

I do solemnly swear that all statements made on this application are true to the best of my knowledge and belief.

Signature of Registered Voter

Date

Return this completed form to your local election authority. Contact information can be found on the Missouri Secretary of State's website. Missouri law requires that requests for ballots to be mailed to you must be received by 5:00 p.m. on October 21, 2020.

1. Fill out top portion entirely .

2. Choose Which Ballot you need. Absentee OR Mail-In. Cannot mark in both boxes. If Absentee is chosen, only X ONE reason. If Mail-In is chosen, place an X on the line.

3. Sign & Date!

4. Any Questions, please call! 😊