

REQUEST FOR MISSOURI MAIL-IN BALLOT

I, _____, do hereby request a mail-in ballot for the
Printed name

_____ Election under Section 115.302, RSMo.
Election Date

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

If this is a primary election, please print the name of the political party ballot you wish to receive: _____

Address where I am registered to vote:

(Street Address)

(City, State, Zip Code)

Address where ballot is to be mailed

(Street Address or PO Box)

(City, State, Zip Code)

Telephone number: _____
(Include Area Code)

Email address: _____

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

Mail this completed form to your local election authority. Addresses can be found on the Missouri Secretary of State's website. Missouri law requires that requests for mail-in ballots must be received by 5:00 p.m. on the second Wednesday prior to Election Day. 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.