

APPLICATION FOR OFFICIAL ABSENTEE BALLOT

Mail to: Melinda Patton, Nodaway County Clerk
403 N Market, Room #211, Maryville, MO 64468
660-582-2251 or Fax 660-582-5282

STATE OF MISSOURI)
COUNTY OF NODAWAY)

DATE _____, 20__

To the Clerk of the County:

I, _____, the undersigned applicant, do hereby apply for an Absentee Ballot to be voted by me at the Election to be held on the ____ day of _____ 20____. I am a resident of the _____ Precinct in County of Nodaway and State of Missouri and am lawfully entitled to vote in said Precinct at said Election. My date of birth is _____ and last 4 digits of my social security # are _____.

My home address in said Nodaway County is:

I expect to be prevented from going to the polls to vote on Election Day due to:

Absence on Election Day from the Jurisdiction in which I am registered.

Incapacity or confinement due to illness or physical disability on election day, including caring for a person who is incapacitated or confined due to illness or disability and resides at the same address.

Religious belief or practice.

Employment as an election authority, by an election authority at a location other than my polling place, as a first responder, as a health care worker or as a member of law enforcement.

Incarceration, although I have retained all the necessary qualifications of voting.

Certified participation in the address confidentiality program established under sections 589.660 to 589.681 because of safety concerns.

Mail Ballot to the following address:

(Show Party in Primary)

(Signature of Applicant)
(by Father, Mother, Spouse, Next of Kin)

For Office Use Only

How Made: In Person By Mail

Date Ballot (or Ballots) mailed or delivered _____, 20__

Sent by _____ County Clerk/Election Authority

By _____ Deputy