

To apply for absentee ballot: print this application form, complete and mail to Platte County Board of Elections, PO Box 560, Platte City, MO 64079 or FAX to 816-858-3387 or e-mail to platte@sos.mo.gov

REQUEST FOR PLATTE COUNTY ABSENTEE BALLOT

I, _____, do hereby request an absentee ballot for the _____ (date) Election.

For identification purposes, the last four digits of my social security number are _____.
If the election is a primary election, please print the name of the political party ballot you wish to receive _____.

NOTE: If you registered by mail or online, and this is your first time voting you must provide a copy of one of the following: nonexpired Missouri driver's license; Nonexpired or nonexpiring Missouri nondriver's license; a document issued by the United States or State of Missouri which contains the name matching the most recent signature on voter record **and** shows a photograph of the voter, **and** includes an expiration date and is not expired, or, if expired, the document expired after the date of the most recent general election; or any id with a photograph issued by MO National Guard, the U.S. Armed Forces, including the Space Force, or the US Dept of Veteran Affairs to a member or former member of the MO National Guard, the U.S. Armed Forces, including the Space Force, and that this does not have an expiration date.

Reason for requesting an absentee ballot:

- _____ (1) Absence on Election Day from the jurisdiction of the election authority in which registered to vote;
- _____ (2) Incapacity or confinement due to illness or physical disability **on election day**, including a person who is primarily responsible for the physical care of a person who is incapacitated or confined due to illness or disability **and resides at the same address**;
- _____ (3) Religious belief or practice;
- _____ (4) Employment as:
 - (a) An election authority, as a member of an election authority, or by an election authority at a location other than your polling place; or
 - (b) A first responder; or
 - (c) A health care worker; or
 - (d) A member of law enforcement;
- _____ (5) Incarceration, provided all qualifications for voting are retained
- _____ (6) Certified participation in the address confidentiality program established under sections [589.660](#) to [589.681](#) because of safety concerns.

Current Residential Address:

Address where ballot is to be mailed, if different than Residential address:

Daytime Telephone Number: _____ E-mail Address: _____

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

Signature of Voter

Date

All requests **must be received** by the Board of Election's office **no later that 5:00 p.m., the second Wednesday prior to election day.**

Effective August 28, 2022