

**PERMANENTLY DISABLED ABSENTEE VOTER
APPLICATION**

State of _____

County of _____

I, _____, declare that I am a resident and registered
(print applicant's name)
voter of _____ County, Missouri, and am permanently disabled. I hereby
request that my name be placed on the election authority's list of voters qualified to
participate as absentee voters pursuant to section 115.284, and that I be delivered an
absentee ballot application for each election in which I am eligible to vote.

Signature of Registered Voter

Street or Rural Route Address

City, State and Zip Code

Address to Send Ballot:

Street or Rural Route Address

City, State and Zip Code

Date of Application

Witness