	, do hereby	request an absentee	ballot for the	
	, do hereby			
(Election Name)	Election to be held on th	e day of	(Month)	, (Year)
Date of Birth:		f SSN:		(100.)
		1 00N		
leason for requesting an absentee l				
Absence on Election Day fron	n the jurisdiction of the electic	on authority in which I	am registered;	
Incapacity or confinement due or confined due to illn		ty, including caring fo	r a person who is inc	apacitated
Religious belief or practice;				
Employment as an election ju	dge at a location other than n	ny polling place;		
Incarceration, although I have	retained all the necessary qu	ualifications for voting	,	
Certified participation in the action because of safety cor		n established under s	ections 589.660 to 5	89.681
Лу <u>home address</u> where I am registe		u County is:		
my <u>nome address</u> milete i am region	orea to vete iii Gape Giiaraee	a county to:		
(Street Address)				
(City State Zin Code)				
(City, State, Zip Code)				
address where ballot is to be mailed	:			
(Street Address or P.O. Box)				
,				
				
(City, State, Zip Code)				

person in the office is 5:00 p.m. on the day before the election. For questions contact the County Clerk's Office: (573)243-3547.

MAIL: County Clerk's Office 1 Barton Square, Suite 301 Jackson, MO 63755

EMAIL: amseabaugh@capecounty.us

FAX: (573)204-2418

VOTE ABSENTEE IN-PERSON:

County Administration Building 1 Barton Square, Suite 301, Jackson

-OR-

Cape Girardeau Satellite Office 2311 Bloomfield, Suite 102, Cape Girardeau