

## REQUEST FOR ABSENTEE OR MAIL-IN BALLOT

I, \_\_\_\_\_, declare that I am a resident and registered voter of Cape Girardeau County, Missouri and do hereby request an absentee ballot (option 1) -or- mail-in ballot (option 2) for the following election:

(Printed Name)

### November 3, 2020 General Election

My home address where I am registered to vote in Cape Girardeau County is: \_\_\_\_\_  
(Street Address) (City, State, Zip)

Address where ballot is to be mailed if different than registration address: \_\_\_\_\_  
(Street Address) (City, State, Zip)

Last Four Digits of Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone Number (Include Area Code): \_\_\_\_\_ E-mail: \_\_\_\_\_

#### **Option 1: Request for an Absentee Ballot (check one reason):**

Absence on Election Day from the jurisdiction of the election authority in which I am registered

Incapacity or confinement due to illness or physical disability, including caring for a person who is incapacitated or confined due to illness or disability **(No Notary Required)**

Religious belief or practice

Employment as an election judge at a location other than my polling place

Incarceration, although I have retained all the necessary qualifications for voting

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

I have contracted or am in an at-risk category for contracting or transmitting severe acute respiratory syndrome coronavirus 2, pursuant to Section 115.277.6, RSMo. **(No Notary Required)**

#### **At-risk voters are individuals who meet one of the following:**

Are 65 years of age or older, live in a long term care facility under Chapter 198, RSMo., have a serious heart condition, have chronic lung disease or moderate to severe asthma, are immunocompromised, have chronic kidney disease and are undergoing dialysis, have liver disease, or have diabetes.

**(Optional)** I am permanently disabled and 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.

#### **Option 2: Request for a Mail-In Ballot (return this form by mail or in-person only):**

Any registered voter can request a mail-in ballot **(Notary is required and your mail-in ballot must be returned by postal mail only)**

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

\*\*\*  
SIGNATURE  
REQUIRED!  
\*\*\*

\_\_\_\_\_  
Signature of Registered Voter



(Mark)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Assisting Voter (witness to mark, if applicable)

**Return this completed form to the  
Cape Girardeau County Clerk's Office:**

By Mail: 1 Barton Square, Suite 301  
Jackson, MO 63755

By Email (absentee only): [amseabaugh@capecounty.us](mailto:amseabaugh@capecounty.us)

By Fax (absentee only): (573)204-2418

**All requests for ballots to be mailed to a voter must be received by 5:00 p.m. on the 2nd Wednesday prior to Election day.**

**Cast an absentee ballot in-person at one of our office locations:**

- County Administration Building  
1 Barton Square, Suite 301, Jackson -or-  
- Cape Girardeau Satellite Office  
2311 Bloomfield Rd, Suite 102, Cape Girardeau

**The deadline to absentee vote in-person is 5:00 p.m. on the day before the election.**

Questions? Call (573)243-3547