

# Absentee Ballot Application

## Nursing Homes

April 8, 2025 General Municipal Election

### Voter Name

Please print your name.

**1** First name \_\_\_\_\_ Middle name \_\_\_\_\_  
Last name \_\_\_\_\_

### Nursing Home

Please print your nursing home facility and address.

**2** Nursing Home \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

### Voter Information

Please provide the last four digits of your Social Security number and your birth date.

**3** Last 4 digits of your Social Security #   
Date of birth (mm/dd/yyyy) \_\_\_\_\_

### Reason for Request

Required

Please mark one reason for selecting an absentee ballot.

**Notary required unless otherwise stated.**

**4**

Absent on Election Day from the jurisdiction of the election authority 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 (**no notary required**).

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 healthcare worker; or as a member of law enforcement.

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

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

### Signature

Required

Voter must sign or make their mark.

If voter makes a mark, then the witness is required to sign.

**5** I hereby swear (or affirm) that all statements made on this application are true, to the best of my knowledge and belief.

Signature of voter or mark (a mark must be witnessed)	Date (mm/dd/yyyy)
X _____	_____
Signature of witness	Date (mm/dd/yyyy)
X _____	_____

Return form:

**BY EMAIL** - nursinghomes@stlouiscountymo.gov  
**BY FAX** 314.615.1998

**Note:** Per RSMo 115.279, an application for an absentee ballot may be made by the applicant in person, by mail, email or fax for the applicant; or in person, by his/her guardian or relative within the second degree of consanguinity or affinity. Any person who knowingly makes a fraudulent absentee application shall be guilty of a class one election offense.

**This application must be received by 5:00 p.m. on March 7, 2025 at the St. Louis County Board of Elections.**

For more information, visit [www.stlouiscountymovotes.gov](http://www.stlouiscountymovotes.gov), call 314.615.1833 / RelayMO711 or 800.735.2966, or email [boecabsentee@stlouiscountymo.gov](mailto:boecabsentee@stlouiscountymo.gov).

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