



## PERMANENTLY DISABLED LIST APPLICATION

This form must be returned:

**BY EMAIL** - boecabsentee@stlouiscountymo.gov

**BY FAX** - 314.615.1998 **OR**

**IN PERSON** or **BY MAIL** to 725 Northwest Plaza Drive, St. Ann, MO 63074

Voter's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last four digits of SSN: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I declare that I am a resident and registered voter of St. Louis 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 an absentee voter pursuant to Sec. 115.284, and that an absentee ballot application be delivered to me for each election in which I am eligible to vote.

\_\_\_\_\_  
Voter's Signature

\_\_\_\_\_  
Date

**Note:** If an applicant is blind, unable to read or write the English language or is physically incapable of signing this application, he/she shall sign by mark, witnessed by the signature of an election official or a person of his/her own choosing.

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Date

Address to which the application should be mailed to (if different from voting address):

\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_