

Permanently Disabled List Application

Voter Name

Please print your name.

1

First name _____ Middle name _____

Last name _____

Voter Address

Please print voter's home address.

2

Address _____

City _____ State ____ Zip _____

Voter Information

Please provide the last four digits of voter's Social Security number, birth date, phone number, and email address.

3

Last 4 digits of Social Security #

Date of birth (mm/dd/yyyy) _____

Phone _____

Email address _____

Signature

Required

Voter must sign or make their mark.

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

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.

4

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.

Signature of voter or mark (a mark must be witnessed)

Date (mm/dd/yyyy)

X		
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Signature of witness (if required)

Date (mm/dd/yyyy)

X		
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Mailing Address

(If different from voting address)

Please print address to which the application should be mailed.

5

Address _____

City _____ State ____ Zip _____

Return form:

BY EMAIL - boecabsentee@stlouiscountymo.gov

BY FAX 314.615.1998

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

For more information, visit www.stlouiscountymovotes.gov or call 314.615.1833 / RelayMO711 or 800.735.2966