Request for Absentee Ballot

Polk County, Missouri

I, _____, do hereby request an absentee ballot
(Print Name)

for the: **NOVEMBER 3, 2026, GENERAL ELECTION**.

For identification purposes: Last 4 Digits of SSN _____ Date of Birth: _____

Reason for requesting an absentee ballot (check one):

____ (1) Absence on Election Day from the jurisdiction of the election authority in which I am registered to vote;

____ (2) Incapacity or confinement due to illness or physical disability, including caring for a person who is incapacitated or confined due to illness or disability and resides at the same address; (No Notary Required)

____ (3) Religious belief or practice;

____ (4) Employment as an election authority or by an election authority at a location other than my polling place; A first responder, a healthcare worker or a member of law enforcement;

____ (5) Incarceration, although I have retained all the necessary qualifications for voting;

____ (6) Certified participation in the address confidentiality program established under sections 589.660 to 589.68 because of safety concerns.

Political Party Ballot (if applicable): _____

Address where I am **registered** to vote: (where you live)

_____
(Street address)

_____
(City, State, Zip Code)

Address where ballot is to be **mailed**:

_____
(Street address)

_____
(City, State, Zip Code)

Telephone Number: _____-_____

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

_____ _____ _____
Signature of Applicant | Signature and Relationship to Applicant | Date

---

FOR OFFICE USE ONLY

Date Application Received: _____ Precinct: _____

Received: ___ In Person ___ By Mail ___ By Fax/E-Mail Ballot Style: _____

Date Ballot(s) mailed or delivered: _____

Election Authority: _____ Ballot Number: _____