INITIAL _____ **TWP/PCT** _____ **LOC** _____

DATE _____ **REGIS** _____ **BAL/STYLE** _____

DO NOT WRITE ABOVE THIS LINE- FOR OFFICE USE ONLY

Voter's Guardian, Relative Or Self Application – August 2, 2016 Primary Election

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

For additional information call: 314-615-1833; RelayMo711 or 800-735-2966; email pkochner@stlouisco.com. For voters requiring special needs, allow two business days' notice.

This form can be returned in person, or by mail (12 Sunnen Drive, Suite 126, St. Louis, MO 63143), or faxed to 314-615-1998.

Voter's Name _____ Date of Birth _____ Last four digit of SS # _____

County Address_____ City _____ ZIP _____

Voter must indicate a Party Preference: (circle one)

Democratic **Republican** **Libertarian** **Constitution** *** Nonpartisan**

* (Issues only, no candidates)

I expect to be prevented from going to the polls on Election Day due to (check one):

___ Absence on Election Day from St. Louis County

___ Incapacity or confinement due to illness or physical disability, including caring for a person who is incapacitated or confined due to illness or disability

___ Religious belief or practice

___ Employment as an election authority or by an election authority at a location other than my polling place

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

___ A member of the U.S. armed forces in active service or a dependent, or spouse

___ A civilian employee of the U.S. government working outside the United States

___ A registered voter in _____ County, Missouri, and moved from that county to St. Louis County after the 4th Wednesday prior to this election

___ A former resident of Missouri and authorized to vote for federal offices by federal law

Address to which ballot is to be mailed:

_____ City _____ State _____ Zip _____

X _____ _____ _____
Signature of voter Date Phone number

X _____ _____ _____ _____
Signature of person submitting application (If other than the voter) Relationship to Voter Date Phone number

This absentee ballot request must be in the Election Board's office by 5:00 p.m. on Wednesday July 27, 2016.