

REQUEST FOR ABSENTEE BALLOT

I, _____, declare that I am a resident and registered voter of Cape Girardeau
(Printed Name)

County, Missouri, and do hereby request an absentee ballot for the following election(s):

August 2, 2022 Primary Election

November 8, 2022 General Election

My home address where I am registered to vote in Cape Girardeau County is: _____
(Street Address) (City, State, Zip)

Address where ballot is to be mailed if different than registration address: _____
(Street Address) (City, State, Zip)

Last Four Digits of Social Security Number: _____ Date of Birth: _____

Telephone Number (Include Area Code): _____ E-mail: _____

If the election is a primary election, please select the party ballot you wish to receive (check one):

Republican

Democratic

Libertarian

Constitution

Non-Partisan

Will contain ballot measure for the City of Jackson only

Reason for Requesting an Absentee Ballot (check one reason):

Absence on Election Day from the jurisdiction of the election authority in which I am registered

Incapacity or confinement due to illness or physical disability, including caring for a person who is incapacitated or confined due to illness or disability **(No Notary Required When Returning Voted Ballot)**

Religious belief or practice

Employment as an election judge at a location other than my polling place

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

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

(Optional) I am permanently disabled and hereby request that my name be placed on the election authority's list of voters qualified to participate as absentee voters pursuant to Section 115.284, and that I be delivered an absentee ballot application for each election in which I am eligible to vote.

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

**SIGNATURE
REQUIRED!**

Signature of Registered Voter



(Mark)

Date

Signature of Person Assisting Voter (witness to mark, if applicable)

**Return this completed form to the
Cape Girardeau County Clerk's Office:**

By Mail: 1 Barton Square, Suite 301
Jackson, MO 63755

By Email: amseabaugh@capecounty.us

By Fax: (573)204-2418

**Cast an absentee ballot in-person at one of
our office locations:**

- County Administration Building
1 Barton Square, Suite 301, Jackson **-or-**
- Cape Girardeau Satellite Office
2311 Bloomfield Rd, Suite 102, Cape Girardeau

**All requests for a ballot to be mailed to a voter
must be received in the County Clerk's Office by 5:00
p.m. on the 2nd Wednesday prior to an Election.**

**The deadline to absentee vote in-person is 5:00 p.m.
on the Monday prior to an Election.**

Questions? Call (573)243-3547