

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 **April 4, 2023 General Municipal 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: _____

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 on election day, including caring for a person who is incapacitated or confined due to illness or physical disability and resides at the same address
(No Notary Required When Returning Voted Ballot for this reason only)

Religious belief or practice

Employment as an election authority, by an election authority at a location other than my polling place, as a first responder, as a health care worker, or as a member of law enforcement

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
for this election must be received in the County Clerk's
Office by 5:00 p.m. on the 2nd Wednesday prior to Election Day.**

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

Questions? Call (573)243-3547