

CAPE GIRARDEAU COUNTY MO  
**ELECTIONS**

**REQUEST TO BE PLACED ON THE  
PERMANENTLY DISABLED  
ABSENTEE LIST**

State of Missouri  
County of Cape Girardeau

I, \_\_\_\_\_, declare that I am a resident and registered voter of Cape Girardeau 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 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.

\_\_\_\_\_  
Voter's Home Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Voter's Mailing Address (if applicable)

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Last 4 Digits of Social Security #

\_\_\_\_\_  
Home Telephone #

\_\_\_\_\_  
Other Telephone #

\_\_\_\_\_  
Signature of Voter

Mark

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Assisting Voter (witness of mark)

*Return this form to the County Clerk's Office by mail, email, fax, or in-person:*

**MAIL:** County Clerk's Office  
1 Barton Square, Suite 301  
Jackson, MO 63755

**EMAIL:** [jdwiseman@capecounty.us](mailto:jdwiseman@capecounty.us)  
**FAX:** (573)204-2418

**DELIVER IN-PERSON:**  
County Administration Building  
1 Barton Square, Suite 301, Jackson  
**-OR-**  
County Satellite Offices in Cape Girardeau  
2311 Bloomfield, Suite 102, Cape Girardeau