



# MISSOURI VOTER REGISTRATION APPLICATION: Deadline October 7th

USE PEN - PLEASE PRINT CLEARLY

<b>1</b>	ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA? <input type="checkbox"/> YES <input type="checkbox"/> NO			<b>2</b>	WILL YOU BE 18 YEARS OF AGE ON OR BEFORE ELECTION DAY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>If you checked no in response to either of the above questions, do not complete this form.</b>							
<b>3</b>	<input type="checkbox"/> NEW REGISTRATION <input type="checkbox"/> ADDRESS CHANGE <input type="checkbox"/> NAME CHANGE						
<b>4</b>	LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX (JR, II, ETC.)		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
<b>5</b>	ADDRESS WHERE YOU LIVE (HOUSE NO., STREET, APT. NO. OR RURALROUTE AND BOX- NO PO BOXES)			CITY	COUNTY	ZIP CODE	
<b>6</b>	ADDRESS WHERE YOU GET YOUR MAIL (REQUIRED IF DIFFERENT FROM #5 ABOVE)			CITY	STATE	ZIP CODE	
<b>7</b>	DRIVER'S LICENSE NUMBER IF YOU DO NOT HAVE A DRIVER'S LICENSE, PLEASE LEAVE BLANK.			<b>8</b>	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER* IF YOU DO NOT HAVE A SOCIAL SECURITY NUMBER, PLEASE LEAVE BLANK.		
<b>9</b>	DATE OF BIRTH (MM/DD/YYYY)	<b>10</b>	PLACE OF BIRTH (OPTIONAL)	<b>11</b>	DAYTIME PHONE NO. (OPTIONAL)	<b>12</b>	EMAIL ADDRESS (OPTIONAL)
<b>13</b>	NAME AND ADDRESS ON LAST VOTER REGISTRATION NAME _____ ADDRESS _____ CITY _____ STATE _____ COUNTY _____ If currently registered in another state or county please complete this box.			<b>14</b>	I hereby certify that I am a citizen of the United States and a resident of the state of Missouri. I am at least seventeen and one half years of age. I have not been adjudged incapacitated by any court of law. If I have been convicted of a felony or a misdemeanor connected with the right of suffrage, I have had the voting disabilities resulting from such conviction removed pursuant to law. I swear under penalty of perjury that all statements made on this card are true to the best of my knowledge and belief. I understand that if I register to vote knowing that I am not legally entitled to register, I am committing a class one election offense and may be punished by imprisonment of not more than five years or by a fine of between two thousand five hundred dollars and ten thousand dollars or by both such imprisonment and fine.		
				Date	Signature		
Warning: Conviction for making a false statement may result in imprisonment for up to five years and/or a fine up to \$10,000.							

## REQUEST FOR 11/3/2020 GENERAL ELECTION ABSENTEE/MAIL-IN BALLOT: Deadline October 21

Voter's Name: \_\_\_\_\_

Date of Birth (MM/DD/YY) \_\_\_\_\_ Last four digits of Social Security number \_\_\_\_\_

Registered Voting Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Address to which ballot is to be mailed (if different than above):

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### ABSENTEE BALLOT REQUEST: can be returned by mail, email, fax, or in person (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)**
- 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 the necessary qualifications for voting
- Certified participation in the state address confidentiality program established under sections 589.660 to 589.681, RSMo
- I have contracted or am in an at-risk category for contracting or transmitting severe acute respiratory syndrome coronavirus 2 (COVID-19), pursuant to Section 115.277.6, RSMo. **(No Notary Required)**  
("at-risk" includes voters who are: 65 years old or older; have serious heart conditions; live in a long-term care facility; are immunocompromised; have diabetes or moderate to severe asthma; or have chronic liver, kidney, or lung disease)

### MAIL-IN BALLOT REQUEST: can be returned by mail or in person and ballot must be notarized:

- Any registered voter can request a mail-in ballot.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_