



MISSOURI VOTER REGISTRATION APPLICATION: Deadline October 7th

USE PEN - PLEASE PRINT CLEARLY

1 ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA? <input type="checkbox"/> YES <input type="checkbox"/> NO	2 WILL YOU BE 18 YEARS OF AGE ON OR BEFORE ELECTION DAY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If you checked no in response to either of the above questions, do not complete this form.		
3 <input type="checkbox"/> NEW REGISTRATION <input type="checkbox"/> ADDRESS CHANGE <input type="checkbox"/> NAME CHANGE		
4 LAST NAME _____	FIRST NAME _____	MIDDLE NAME _____
		SUFFIX (JR, II, ETC.) _____ <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
5 ADDRESS WHERE YOU LIVE (HOUSE NO., STREET, APT. NO. OR RURAL ROUTE AND BOX- NO PO BOXES) _____		CITY _____
		COUNTY Boone
6 ADDRESS WHERE YOU GET YOUR MAIL (REQUIRED IF DIFFERENT FROM #5 ABOVE) _____		CITY _____
		STATE _____
7 DRIVER'S LICENSE NUMBER _____ IF YOU DO NOT HAVE A DRIVER'S LICENSE, PLEASE LEAVE BLANK.		8 LAST 4 DIGITS OF SOCIAL SECURITY NUMBER* _____ IF YOU DO NOT HAVE A SOCIAL SECURITY NUMBER, PLEASE LEAVE BLANK.
9 DATE OF BIRTH (MM/DD/YYYY) _____	10 PLACE OF BIRTH (OPTIONAL) _____	11 DAYTIME PHONE NO. (OPTIONAL) _____
		12 EMAIL ADDRESS (OPTIONAL) _____
13 NAME AND ADDRESS ON LAST VOTER REGISTRATION NAME _____ ADDRESS _____ CITY _____ STATE _____ COUNTY _____ If currently registered in another state or county please complete this box.		14 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.
<input type="checkbox"/> Check here if you are interested in working as an Election Judge		_____ 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: _____