

DARLA WIERZBICKI, CHAIRWOMAN
TOM BROWN, MEMBER
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HEATHER HALL, DIRECTOR



MEGAN WORD, SECRETARY
ANTHONY BOLOGNA, MEMBER
STEVEN B. SALMON, ATTORNEY
TIFFANY ELLISON, DIRECTOR

Application to Participate in the Permanent Absentee Voting Process

State of **MISSOURI**
County of **CLAY**

Date: _____

I _____
(Print Applicants Full Name)

Declare that I am a resident and registered voter of Clay 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 RSMo 115.284, and that I be delivered an absentee ballot **application** for each election in which I am eligible to vote.

RESIDENTIAL ADDRESS:

MAILING ADDRESS (IF DIFFERENT THAN ABOVE):

**FOR IDENTIFICATION AND
VERIFICATION PURPOSES**

Date of Birth

Last 4 digits of Social Security

Phone Number

Signature of Registered Voter

NOTE: If an applicant is blind, unable to read or write the English language or is physically incapable of signing the application, he/she shall sign by mark, witnessed by the signature of an election official or a person of his/her own choosing.

Signature of person assisting

Return this application to the Board of Elections Office at the address listed below as soon as possible. If you have any questions call the Clay County Election Board or email comments@voteclaycountymo.gov.

Clay County Election Board
100 W. Mississippi Street
Liberty, MO 64068

Phone: 816.415.8683
Fax: 816.792.5334