

# APPLICATION FOR ABSENTEE BALLOT

IN PERSON, BY MAIL OR FAX  
(MISSOURI STATUTES, SECTION 115.279.2)

STATE OF MISSOURI  
COUNTY OF WEBSTER

DATE : \_\_\_\_\_

TO: STANLEY D. WHITEHURST, WEBSTER COUNTY CLERK

I, \_\_\_\_\_, hereby apply for an Absentee Ballot with which to cast my vote in the

**General Municipal Election** to be held on April 4, 2023.

\_\_\_\_\_ Township in Webster County

My home address is : \_\_\_\_\_

My mailing address : \_\_\_\_\_

**(Select one of the following):**

I expect to be prevented from going to the polls on Election Day due to:

- |   |   |
|---|---|
| <input type="checkbox"/> Absence on election day  | <input type="checkbox"/> Employment as an election worker, first responder, health care worker, or member of law enforcement. |
| <input type="checkbox"/> Illness/Physical Disability, or primary caretaker of disabled person who lives at the same address | <input type="checkbox"/> Incarceration, providing that all qualifications for voting are retained.                            |
| <input type="checkbox"/> Religious belief or practice   | <input type="checkbox"/> Certified participation in an address confidentiality program (safety concerns)                      |

I hereby affirm I am a resident of Webster County & lawfully entitled to vote during said election.

\_\_\_\_\_  
**Signature** of Applicant, Spouse, Parent, or Next of Kin)

**Applications for Ballots by Mail Must be Received by the 2<sup>nd</sup> Wednesday Prior to Election Day.**

**Return to:** 101 S. Crittenden St., Rm 12, Marshfield MO 65706 / fax # 417-468-5307

OFFICE USE ONLY

DATE APPLICATION RECEIVED : \_\_\_\_\_ VOTER ID# \_\_\_\_\_

DATE BALLOT MAILED / OFFICE: \_\_\_\_\_ ABS. LIST# \_\_\_\_\_

WITNESSED / SENT BY : \_\_\_\_\_  
(signature of County Clerk / Deputy)