

REQUEST FOR ST. JOSEPH MUSIC FOUNDATION ABSENTEE BALLOT

I, _____, do hereby request an absentee ballot for the _____ Election.

For identification purposes, the last four digits of my driver's license number are _____.

If you registered by mail and this is your first time voting you must provide a copy of current valid photo identification or a copy of a current utility bill, bank statement, government check, paycheck, or government document that shows your name and address.

Reason for requesting an absentee ballot:

- _____ (1) Absence on Election Day.
- _____ (2) Incapacity of confinement due to illness or physical disability, including a person who is primarily responsible for the physical care of a person who is incapacitated or confined due to illness or disability.
- _____ (3) Religious belief or practice.
- _____ (4) Employment.

Mailing address where registered with the SJMF:

(Street address)

(City, State, Zip Code)

Address where ballot is to be mailed:

(Street address)

(City, State, Zip Code)

Telephone number: _____
(Include area code)

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

Signature

Date

Return this completed form to SJMF, delivered by US mail to 620 Francis, Suite 219, St. Joseph, MO. 64501. Missouri law requires that requests for absentee ballots must be received by 5:00 p.m. on the Wednesday prior to the election if the ballot is to be mailed. The deadline for absentee voting in person in the office of the election authority is 5:00 p.m. on the day before the election. If you registered by mail and this is your first time voting you must provide a copy of current valid photo identification.