

Mail-in Ballot Application Instructions

For August and November elections in 2020, MAIL-IN ballots are available to ANY registered voter. The application should be in-writing containing the voters name, address where registered and the address the ballot should be mailed. This application must be made by the applicant in person or United States Mail or on behalf of the applicant by his or her guardian or relative within the second degree of consanguinity or affinity to the JCEB. MAIL-IN ballots must be mailed to voters. These ballots (envelopes) must be NOTARIZED and must be sent back to JCEB by MAIL. Voters will not be able to relinquish these ballots at the poll on election day and will not be able to vote at their polling location on election day.

The last day for JCEB to mail absentee ballots and mail-in ballots is the second Wednesday before the election.

- July 22, 2020 for the August 4 election and
- October 21, 2020 for the November 3 election

YOU WILL NEED TO COMPLETE A SEPARATE APPLICATION FOR EACH ELECTION YOU ARE APPLYING FOR.

For your application to be complete, you must provide the following:

- The date of the election
- The last 4 digits of the applicant's social security number
- The date of the application
- The applicant's date of birth
- If it is a primary election you must state which political party ballot you would like
- The signature of the applicant
- The applicant's daytime phone number
- The name of the applicant as registered
- The address at which the applicant is registered

If you are going to be away from home and need a ballot mailed to a location other than your home address, fill out the section labeled "Mailing Address if different than Home Address".

A relative or guardian can apply for you in person at the Board of Elections office. No need to fill out this application.

Mail to: JACKSON COUNTY ELECTION BOARD
PO BOX 296
INDEPENDENCE, MO 64051

See below to complete and print application.

REQUEST FOR MISSOURI MAIL-IN BALLOT

I, _____, do hereby request a mail-in ballot for the
Printed name

_____ Election under Section 115.302, RSMo.
Election Date

For identification purposes: Date of Birth (MM/DD/YY) _____ or last four digits of Social Security number _____

If this is a primary election, please print the name of the political party ballot you wish to receive: _____

Address where I am registered to vote (where you live):

(Street Address)

(City, State, Zip Code)

Address where ballot is to be mailed (if different from above) :

(Street Address or PO Box)

(City, State, Zip Code)

Telephone number: _____
(Include Area Code)

Email address: _____

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

Signature of Registered Voter

Date

Missouri law requires that requests for mail-in ballots must be received by 5:00 p.m. on the second Wednesday prior to Election Day.