



## NOTICE OF PERMANENT DISABILITY AND REQUEST TO JOIN THE PERMANENTLY DISABLED ABSENTEE VOTER LIST

STATE OF MISSOURI                     )  
   ) SS.  
 CITY OF ST. LOUIS                    )

I, \_\_\_\_\_, declare that I am a resident  
   [Print Applicant's Full Legal Name]

and registered voter of the City of St. Louis, State of Missouri, and permanently disabled. I hereby request that my name be placed on the St. Louis City Election Board's list of voters qualified to participate as absentee voters pursuant to RSMo Section 115.284 and that I be delivered an **absentee ballot application** for each election in which I am eligible to vote.

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Address at Which You Are Registered to Vote

St. Louis, MO \_\_\_\_\_ Zip Code

\_\_\_\_\_ Telephone Number, including Area Code

\_\_\_\_\_ Date of Birth

*TAPE  
HERE*

*TAPE  
HERE*

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Office of the County Clerk

Board of Election Commissioners

300 No. Tucker Blvd.

St. Louis, MO 63101