ST. LOUIS BOARD OF ELECTION

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

_____ St. Louis, MO _____
Address at Which You Are Registered to Vote Zip Code

_____ _____
Telephone Number, including Area Code Date of Birth