

**APPLICATION TO PARTICIPATE IN THE ABSENTEE  
VOTING PROCESS FOR PERMANENTLY DISABLED  
PERSONS**

**STATE OF MISSOURI**

**COUNTY OF PERRY**

I, \_\_\_\_\_, declare that I am a resident and registered voter of Perry County, Missouri, and am permanently disabled. I hereby request that my name be placed on the election authority's list of voters qualified to participate as absentee voters pursuant to Section 115.284, and that I be delivered an absentee application for each election in which I am eligible to vote.

\_\_\_\_\_  
Signature of Voter

\_\_\_\_\_  
Physical Address of Voter

\_\_\_\_\_  
Mailing Address of Voter

\_\_\_\_\_  
City, State & Zip Code

\_\_\_\_\_  
Date