

# Application for Permanent Absentee Ballot

State of Missouri  
County of Cass

Date \_\_\_\_\_

I, \_\_\_\_\_, declare that I am a resident and registered voter of Cass  
(print name)

County, Missouri and that I am permanently disabled. I hereby request that my name be placed on the list of voters qualified to vote by absentee ballot pursuant to Section 1115.284 RSMo and that I am delivered an absentee ballot **application** for each election in which I am eligible to vote.

Address that I am registered at: \_\_\_\_\_  
(street address)

\_\_\_\_\_  
(City, State, Zip)

Mailing address: \_\_\_\_\_  
(if different  
From above) \_\_\_\_\_

Phone number: \_\_\_\_\_

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

Last four digits of SS: \_\_\_\_\_

Signature of voter: \_\_\_\_\_

Signature of person assisting: \_\_\_\_\_

Mail or return this completed form to the Election Authority.  
102 E. Wall St, Harrisonville, MO 64701 or Fax to (816)380-8101

For additional information please contact the Cass County Clerk's office at (816)380-8102