

# PERMANENT DISABILITY REQUEST

State of Missouri  
County of St. Francois

I \_\_\_\_\_ declare that I am a resident and  
(print applicant's name)  
registered voter of St. Francois County, Missouri, and am permanently disabled, or the  
caregiver of such. 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 ballot application for each election in which I am eligible  
to vote.

My 911 address is:

My Mailing Address is:

\_\_\_\_\_  
Street

\_\_\_\_\_  
Street or PO Box

\_\_\_\_\_  
Apt., Lot, Trailer, Unit # etc.

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

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

Telephone Number \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**This request is for St. Francois County Residents Only**