

NOTICE OF PERMANENT DISABILITY  
AND  
REQUEST TO JOIN PERMANENTLY DISABLED ABSENTEE VOTING LIST

State of Missouri  
County of \_\_\_\_\_

I, \_\_\_\_\_, declare that I am a resident and  
*(Print applicant's name)*  
registered voter of \_\_\_\_\_ 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 115.284 RSMo (2000), due to my permanent disability status. Pursuant to Section 115.284 RSMo (2000), I further request that I be delivered an absentee ballot application for each election in which I am eligible to vote.

Address where I am registered to vote:

Address where ballot is to be mailed:

\_\_\_\_\_  
*(Street Address)*

\_\_\_\_\_  
*(Street address or P.O. Box)*

\_\_\_\_\_  
*(City)*

\_\_\_\_\_  
*(City)*

\_\_\_\_\_  
*(State, Zip Code)*

\_\_\_\_\_  
*(State, Zip Code)*

Telephone Number \_\_\_\_\_  
*(Include area code)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Return to:  
BARBARA WILLIAMS  
McDONALD COUNTY CLERK  
P.O. BOX 665  
PINEVILLE, MO 64856

FAX: 417-223-7519  
email: mcdonald@sos.mo.gov