



City of St. Francis

INDEFINITELY CONFINED BALLOT REQUEST

I certify that I am registered to vote, a United States citizen, age 18 or older, and that I have resided at the following address, which is my legal voting address, for at least 10 consecutive days before the election for which I am applying for an absentee ballot.

I FURTHER CERTIFY that I am indefinitely confined because of age, illness, infirmity or disability and request absentee ballots be sent to me until I am no longer confined or fail to return a ballot.

Name (please print)

Residence Address

Date of Birth

_____/_____/_____

Phone

Mailing Address (if different than Residence) – Send Ballot to:

Note: To remain on the permanent absentee list,
You must return your ballot for each election.

Signature of Elector X

Date:

Ald Dist. _____