

**REQUEST FOR AN ABSENTEE BALLOT APPLICATION  
(All Fields Must Be Completed)**

**THE REASON FOR YOUR REQUEST: AGE, DISABILITY, OR ILLNESS**

**VOTER'S NAME:**

**DATE OF BIRTH:**

**LAST 4 DIGITS SS#:**

**VOTER'S JEFFERSON COUNTY ADDRESS:**

**CITY:** LOUISVILLE **STATE:** KY **ZIP:**

**PHONE #:**

**E-MAIL ADDRESS:**

**PARTY AFFILIATION:**

APPLICATION CODE: E-mailed

ADDRESS APPLICATION IS TO BE MAILED IF DIFFERENT FROM ABOVE ADDRESS:

Address:

City, County, State:

Zip Code:

Application requests must be made by the **Voter, Spouse, Parent, or Child of Voter.**