

*Indicates required information		STATE OF IOWA OFFICIAL ABSENTEE BALLOT REQUEST FORM	FOR OFFICE USE ONLY
<b>YOUR NAME* AND DATE OF BIRTH*</b>	Last	_____	<small>Revised 7/1/2014</small>
	First	_____	
	Middle	_____	
	Suffix	_____	
	Date of Birth (month, day, year)	____/____/____	
<b>ID NUMBER</b> <small>(Check and complete one)</small>	<input type="checkbox"/> Iowa Driver's License or Non-Operator ID Number: _____ <input type="checkbox"/> Last Four Digits of Social Security Number: X X X - X X - _____		
<b>YOUR IOWA RESIDENTIAL ADDRESS*</b>	<p><i>You must be registered to vote in the county to receive an absentee ballot. If you are registered to vote in the county, this form will be used to update your voter registration if the information provided on this form is different than the information on your registration record.</i></p> Home Street Address (include apt, lot, etc. if applicable) _____ City _____ Zip _____ County _____		
<b>WHERE YOUR ABSENTEE BALLOT SHOULD BE MAILED</b> <small>(If different than above)</small>	Address/P.O. Box _____ City _____ State _____ Zip _____ Country (other than USA) _____		
<b>CONTACT INFO</b>	Phone _____	Email _____	
<b>ELECTION TYPE OR DATE*</b> <small>(Provide election type or date. Choose only one election.)</small>	<input type="checkbox"/> General <input type="checkbox"/> Primary <input type="checkbox"/> School <input type="checkbox"/> City <input type="checkbox"/> Special: _____ OR    Election Date: ____/____/____		
<b>PARTY AFFILIATION</b>	Primary Elections Only: check one political party <input type="checkbox"/> Democratic <input type="checkbox"/> Republican		
<b>REQUESTER AFFIDAVIT*</b> <small>(Powers of attorney do not have legal authority to request an absentee ballot on behalf of another.)</small>	<p><i>I swear or affirm that I am the person named above and I am a registered voter or I am entitled to register at the address listed on this form. I am eligible to receive and vote an absentee ballot for the election indicated above.</i></p> Signature _____ Date _____		

*Indicates required information		STATE OF IOWA OFFICIAL ABSENTEE BALLOT REQUEST FORM	FOR OFFICE USE ONLY
<b>YOUR NAME* AND DATE OF BIRTH*</b>	Last	_____	<small>Revised 7/1/2014</small>
	First	_____	
	Middle	_____	
	Suffix	_____	
	Date of Birth (month, day, year)	____/____/____	
<b>ID NUMBER</b> <small>(Check and complete one)</small>	<input type="checkbox"/> Iowa Driver's License or Non-Operator ID Number: _____ <input type="checkbox"/> Last Four Digits of Social Security Number: X X X - X X - _____		
<b>YOUR IOWA RESIDENTIAL ADDRESS*</b>	<p><i>You must be registered to vote in the county to receive an absentee ballot. If you are registered to vote in the county, this form will be used to update your voter registration if the information provided on this form is different than the information on your registration record.</i></p> Home Street Address (include apt, lot, etc. if applicable) _____ City _____ Zip _____ County _____		
<b>WHERE YOUR ABSENTEE BALLOT SHOULD BE MAILED</b> <small>(If different than above)</small>	Address/P.O. Box _____ City _____ State _____ Zip _____ Country (other than USA) _____		
<b>CONTACT INFO</b>	Phone _____	Email _____	
<b>ELECTION TYPE OR DATE*</b> <small>(Provide election type or date. Choose only one election.)</small>	<input type="checkbox"/> General <input type="checkbox"/> Primary <input type="checkbox"/> School <input type="checkbox"/> City <input type="checkbox"/> Special: _____ OR    Election Date: ____/____/____		
<b>PARTY AFFILIATION</b>	Primary Elections Only: check one political party <input type="checkbox"/> Democratic <input type="checkbox"/> Republican		
<b>REQUESTER AFFIDAVIT*</b> <small>(Powers of attorney do not have legal authority to request an absentee ballot on behalf of another.)</small>	<p><i>I swear or affirm that I am the person named above and I am a registered voter or I am entitled to register at the address listed on this form. I am eligible to receive and vote an absentee ballot for the election indicated above.</i></p> Signature _____ Date _____		