

STATE OF IOWA OFFICIAL ABSENTEE BALLOT REQUEST FORM

For Office Use Only

YOUR NAME AND DATE OF BIRTH

Last: _____ Suffix: _____

First: _____ Middle: _____

Date of Birth (month, day, year): ____/____/____

Revised October 2019

ID NUMBER
Complete One

Iowa Driver's License or Non-Operator ID Number: _____

OR

Four-digit Voter PIN (can be found on Voter Identification Card): _____

Voters who do not appear in the Iowa Dept. of Transportation's Driver's License or Non-Operator ID files are mailed an Iowa Voter Identification Card at the time of registration. Any voter may request a Voter Identification Card.

YOUR IOWA RESIDENTIAL ADDRESS

Home Street Address (include apt, lot, etc. if applicable): _____

City: _____ Zip: _____ County: _____

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.

WHERE YOUR ABSENTEE BALLOT SHOULD BE MAILED
If different than above

Mailing Address/P.O. Box: _____

City: _____ State: _____ Zip: _____

Country (other than USA): _____

CONTACT INFO Important

Phone: _____ Email: _____ Do not add this contact info to my voter record

ELECTION DATE OR TYPE
Choose only **one** election.

Election Date: 0_6_/0_2_/2_0_2_0_

OR General Primary City/School Special: _____

PRIMARY ELECTION ONLY

Check one political party: Democratic Republican

REQUESTER AFFIDAVIT
Powers of attorney do not have legal authority to request an absentee ballot on behalf of another.

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.

Signature: X

Date: _____