*Indicates required information	STATE OF IOWA OFFICIAL ABSENTEE BALLOT REQUEST FORM	FOR OFFICE USE ONLY
YOUR NAME* AND DATE OF BIRTH*	Last	
	First	
	Middle Suffix	
	Date of Birth (month, day, year) / /	Revised 7/1/2014
ID NUMBER (Check and complete one)	Owa Driver's License or Non-Operator ID Number:	
	Last Four Digits of Social Security Number: XXX-XX-	
YOUR IOWA RESIDENTIAL ADDRESS*	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.	
	Home Street Address (include apt, lot, etc. if applicable)	
	City Zip	County
WHERE YOUR	Address/P.O. Box	
ABSENTEE BALLOT SHOULD BE MAILED (If different than above)	<u>City</u> State	Zip
	Country (other than USA)	
CONTACT INFO	Phone Email	
ELECTION TYPE OR DATE* (Provide election type or date. Choose only <u>one</u> election.)	General Primary School City	Special:
	OR Election Date://	
PARTY AFFILIATION	Primary Elections Only: check one political party	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 Date	
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