

*Indicates required information STATE OF IOWA OFFICIAL ABSENTEE BALLOT REQUEST FORM		FOR OFFICE USE ONLY
	Last _____ Suffix _____ YOUR NAME* AND DATE OF BIRTH* First _____ Middle _____ Date of Birth (month, day, year) ____/____/____ Revised January 2025	
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 _____ <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>	
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: ____/____/____ OR ☐ General ☐ Primary ☐ City/School ☐ Special: _____	
PRIMARY ELECTION ONLY	Check one political party ☐ Democratic ☐ Republican	
REQUESTER AFFIDAVIT* <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>		
Powers of attorney do not have legal authority to request an absentee ballot on behalf of another.	Signature: X	Date

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