

STATE OF IOWA OFFICIAL ABSENTEE BALLOT REQUEST FORM		FOR OFFICE USE ONLY
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Last _____</div> <div style="width: 45%;">Suffix _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">First _____</div> <div style="width: 45%;">Middle _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Date of Birth (month, day, year) ____/____/____</div> <div style="width: 45%;"></div> </div>	Revised January 2025
YOUR NAME AND DATE OF BIRTH	Iowa Driver's License or Non-Operator ID Number: _____ OR _____ Complete one Four-digit Voter PIN (found only 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) _____ <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">City _____</div> <div style="width: 20%;">Zip _____</div> <div style="width: 35%;">County _____</div> </div> <p style="font-size: x-small;">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.</p>	
WHERE YOUR ABSENTEE BALLOT SHOULD BE MAILED <small>If different than above</small>	Mailing Address/P.O. Box _____ <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">City _____</div> <div style="width: 20%;">State _____</div> <div style="width: 35%;">Zip _____</div> </div> Country (other than USA) _____	
CONTACT INFO <small>Important</small>	Phone _____ Email _____	<input type="checkbox"/> DO NOT ADD THIS INFORMATION TO MY VOTER RECORD
ELECTION DATE OR TYPE	Election Date: ____/____/____ OR <input type="checkbox"/> General <input type="checkbox"/> Primary <input type="checkbox"/> City/School <input type="checkbox"/> Special: _____ <small>Choose only one election</small>	
PRIMARY ELECTION ONLY	Check one political party <input type="checkbox"/> Democratic <input type="checkbox"/> Republican	
REQUESTER AFFIDAVIT	<p style="font-size: x-small;">Powers of attorney do not have legal authority to request an absentee ballot on behalf of another.</p> <p style="text-align: center;"><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> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Signature: X _____</div> <div style="width: 45%;">Date _____</div> </div>	

ABSENTEE BALLOT REQUEST FORM INSTRUCTIONS

A written application for a mailed absentee ballot must be received by the County Auditor no later than 5:00 pm on Monday, May 18.

In order to receive an absentee ballot, a registered voter **MUST** provide the following necessary information:

1. Name
2. Date of birth
3. Iowa residential address
4. Voter Verification Number (ID Number)
 - Iowa Driver's License or Non-Operator ID Number **OR**
 - Four digit Voter PIN located on the voter's Iowa Voter ID Card
5. The name or date of the election for which you are requesting an absentee ballot
6. Party affiliation - required for Primary Elections
7. Signature and date the form was completed

2026 Primary Election
First day ballots will be
mailed is May 13th

All voters are encouraged to provide their phone number and/or email address in the event the County Auditor needs to confirm any information on the request form.

Questions call 641-421-3041 or email ajackson@cerrogordo.gov
Cerro Gordo County Auditor
220 N Washington Ave
Mason City IA 50401