

STATE OF IOWA OFFICIAL ABSENTEE BALLOT REQUEST FORM

FOR OFFICE USE ONLY

Last _____		Suffix _____		Revised December 2022
First _____		Middle _____		
Date of Birth (month, day, year) ____/____/____				
YOUR NAME AND DATE OF BIRTH	Iowa Driver's License or Non-Operator ID Number: _____			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.
ID NUMBER	OR _____			
Complete one	Four-digit Voter PIN (found only on 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 _____	<input type="checkbox"/> DO NOT ADD THIS INFORMATION TO MY VOTER RECORD	
ELECTION DATE OR TYPE	Election Date: ____/____/____			
Choose only one election	OR	<input type="checkbox"/> General	<input type="checkbox"/> Primary	<input type="checkbox"/> City/School
		<input type="checkbox"/> Special: _____		
PRIMARY ELECTION ONLY	Check one political party <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican			
REQUESTER AFFIDAVIT	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.			
Powers of attorney do not have legal authority to request an absentee ballot on behalf of another.	Signature: X _____	Date _____		

ABSENTEE BALLOT REQUEST FORM INSTRUCTIONS

A written application for a mailed absentee ballot must be received by the voter's County Auditor no later than 5:00 p.m. 15 days before the election.

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 - only required for Primary Elections
7. Signature and date the form was completed

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

Questions call 641-421-3041 or email tsiemers@cgcounty.org
 Cerro Gordo County Auditor
 220 N Washington Ave
 Mason City IA 50401