

**STATE OF IOWA OFFICIAL ABSENTEE BALLOT REQUEST FORM**

FOR OFFICE USE ONLY

<b>YOUR NAME AND DATE OF BIRTH</b>	Last _____ Suffix _____ First _____ Middle _____ Date of Birth (month, day, year) ____/____/____	Revised January 2025  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.
<b>ID NUMBER</b> <b>Complete one</b>	Iowa Driver's License or Non-Operator ID Number: _____ OR Four-digit Voter PIN (found only on Voter Identification Card): _____	
<b>YOUR IOWA RESIDENTIAL ADDRESS</b>	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.	
<b>WHERE YOUR ABSENTEE BALLOT SHOULD BE MAILED</b> <i>if different than above</i>	Mailing Address/P.O. Box _____ City _____ State _____ Zip _____ Country (other than USA) _____	
<b>CONTACT INFO</b> Important	Phone _____ Email _____	<input type="checkbox"/> DO NOT ADD THIS INFORMATION TO MY VOTER RECORD
<b>ELECTION DATE OR TYPE</b> Choose only <b>one</b> election	Election Date: ____/____/____ OR <input type="checkbox"/> General <input type="checkbox"/> Primary <input type="checkbox"/> City/School <input type="checkbox"/> Special: _____	
<b>PRIMARY ELECTION ONLY</b>	Check one political party <input type="checkbox"/> Democratic <input type="checkbox"/> Republican	
<b>REQUESTER AFFIDAVIT</b>	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: <b>X</b>	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
  - **Any voter may request an Iowa Voter ID Card by contacting their County Auditor's Office**
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

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 [tsiemers@cerrogordo.gov](mailto:tsiemers@cerrogordo.gov)**  
**Cerro Gordo County Auditor**  
**220 N Washington Ave**  
**Mason City IA 50401**