

\*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)

Iowa Driver's License or Non-Operator ID Number: \_\_\_\_\_  
 Last Four Digits of Social Security Number: X X X - X X - \_\_\_\_\_

**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 ABSENTEE BALLOT SHOULD BE MAILED**  
(If different than above)

Address/P.O. Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Country (other than USA) \_\_\_\_\_

**CONTACT INFO**

Phone \_\_\_\_\_ Email \_\_\_\_\_

**ELECTION TYPE OR DATE\***  
(Provide election type or date. Choose only one election.)

General  Primary  School  City  Special: \_\_\_\_\_  
OR Election Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PARTY AFFILIATION**

Primary Elections Only: check one political party  Democratic  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 \_\_\_\_\_

Mail to  
Polk County Election Office  
120 2nd Ave., Suite A  
Des Moines, Iowa 50309