*Indicates required information

STATE OF IOWA OFFICIAL ABSENTEE BALLOT REQUEST FORM

FOR OFFICE USE ONLY

Mail to:
Election Department
Dubuque County Courthouse
P.O. Box 5001
Dubuque, Iowa 52004-5001

Revised 7/1/2014

YOUR NAME* AND DATE OF BIRTH*

Last

First

Middle **Suffix**

Date of Birth (month, day, year) ___ ___ / ___ ___ / ___ ___ ___ ___

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**

*Indicates required information

STATE OF IOWA OFFICIAL ABSENTEE BALLOT REQUEST FORM

FOR OFFICE USE ONLY

Mail to:
Election Department
Dubuque County Courthouse
P.O. Box 5001
Dubuque, Iowa 52004-5001

Revised 7/1/2014

YOUR NAME* AND DATE OF BIRTH*

Last

First

Middle Suffix

Date of Birth (month, day, year) ___ ___ / ___ ___ / ___ ___ ___ ___

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