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State of lowa
Official Absentee Ballot Request Form Form 3A (Rev 01-08)

* REQUIRED Information

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	If you don't have an lowa driver's license or non-operator ID, provide the last 4 digits of your Social Security Number					★ Date of Birth		
1.	Valid IA Driver's License or IA Non-Operator ID Number			OR Last 4 Digits of SSN #				
						(Month/Day/Year)	FOR OFFICE USE ONLY	
	t Name Last Name			First Name		Middle Name	Suffix (Sr., Jr., etc.)	
2.								
* Street Address (include apt., lot, etc., if applicable)								
*City State			ZIP [Daytime Pho	one, Cell Phone or Email		
3.	The above address represents my <u>NEW</u> address. Please change my voter record accordingly.				Former Name (if applicable)			
Complete section #4 ONLY if the ballot is to be mailed to an address different than the address in section #2.								
	Mailing Address (include apt., lot, etc., if applicable)							
4.	4.							
	City			State	ZIP		Country (other than USA)	
* Date of the Election OR Name of the Election for this Absentee Ballot Request Party Affiliation								
		Пъ.	1		(for Primary	Elections Only)		
5.	Check only ONE	General	eral Primary School			Democratic	Republican	
	(Month/Day/Year) Box	City	Special			NOTE: If your voter registration record shows a political party different from the one you check above,		
						your regisfration will be changed to the political party you check on this form.		
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6.* X								
	Signature of Voter					Date		
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