

STATE OF COLORADO

ABSENTEE BALLOT APPLICATION

FOR OFFICE USE ONLY



Under Colorado law, your absentee ballot application must contain your printed name, signature, residence address, mailing address if you wish to receive the ballot by mail, and your date of birth. If you do not provide all of this information, you may not receive an absentee ballot according to the rules established by the Colorado Secretary of State. (C.R.S. 1-8-104)

Please Print

* **Voter Information:** Required fields must be completed.

Last Name (Required)		First Name (Required)		Middle Initial	Previous Name of Applicant - If Applicable
Residential Street Address (Required)		Apt. No.	City/Town (Required)		State Zip (Required)
Mailing Address or P.O. Box - Required if different from residential address			City/Town		State Zip
Date of Birth (Required)	Social Security Number - At Least the Last 4 digits		Colorado Driver's License Number OR State Issued ID Number		

Change of Residence: Has your residential address changed? YES NO If NO, skip this Change of Residence section of the form. If your change of residence was from one county to another county, you must register to vote in your new county prior to using this Absentee Ballot Application.

OLD Residential Street Address		City/Town	State	Zip
Will you have resided at your new address at least 30 days prior to the Election? <input type="checkbox"/> YES <input type="checkbox"/> NO		On what date did you, or will you, begin living at your new address? <div style="text-align: center;"> ____ / ____ / ____ mm dd yyyy </div>		

Party Affiliation: If you are currently Unaffiliated and wish to vote in a Primary Election, you must declare an affiliation with a political party. Unaffiliated voters may affiliate with a political party up to and including Primary Election Day. If you are currently affiliated with a political party and wish to change your affiliation, you must submit this change request at least 29 days prior to Election Day.

- I am Unaffiliated and wish to affiliate with the following political party _____
- I wish to change my affiliation to the following political party _____
(Change request must be submitted at least 29 days prior to Election Day)
- I wish to remain Unaffiliated (Not eligible to vote in a Primary Election)

Election Selection: Indicate the election(s) for which you wish to receive an Absentee Ballot by placing a "check" in the appropriate box below. Absentee Ballot applications must be re-submitted after January 1 of each election year.

Check all that apply	Election Type	Exception Mailing Instructions	If you wish to have your Absentee Ballot mailed to a temporary address that differs from the residential/ mailing address shown above, please indicate below.				
<input type="checkbox"/>	Primary Election (August - even years)	Mail my Primary Election Absentee Ballot to <input type="checkbox"/>	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Street Address _____</td> <td style="border: none;">Apt. No. _____</td> </tr> <tr> <td style="border: none;">City/Town _____</td> <td style="border: none;">State _____ Zip Code _____</td> </tr> </table>	Street Address _____	Apt. No. _____	City/Town _____	State _____ Zip Code _____
Street Address _____	Apt. No. _____						
City/Town _____	State _____ Zip Code _____						
<input type="checkbox"/>	November Election (General - even years Coordinated - odd years)	Mail my November Election Absentee Ballot to <input type="checkbox"/>	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Street Address _____</td> <td style="border: none;">Apt. No. _____</td> </tr> <tr> <td style="border: none;">City/Town _____</td> <td style="border: none;">State _____ Zip Code _____</td> </tr> </table>	Street Address _____	Apt. No. _____	City/Town _____	State _____ Zip Code _____
Street Address _____	Apt. No. _____						
City/Town _____	State _____ Zip Code _____						
<input checked="" type="checkbox"/>	Other Election December 13, 2005	Mail my _____ Election Absentee Ballot to <input type="checkbox"/>	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Street Address _____</td> <td style="border: none;">Apt. No. _____</td> </tr> <tr> <td style="border: none;">City/Town _____</td> <td style="border: none;">State _____ Zip Code _____</td> </tr> </table>	Street Address _____	Apt. No. _____	City/Town _____	State _____ Zip Code _____
Street Address _____	Apt. No. _____						
City/Town _____	State _____ Zip Code _____						

Please do not write outside the box

SIGNATURE or Mark (Required)

Date ____ / ____ / ____
MM
DD
YYYY

* **Witness Signature**

* The application for an absentee ballot shall be personally signed by the applicant; or, in case of the applicant's inability to sign, the elector's mark shall be witnessed by another person.