

Wyoming Military and Overseas Voters **2024** Absentee Ballot Request

(If you answered no, please			NO	
Date Requested:				
Select the election for whice (For a Primary Election, your p	•	_	ne party in which you are co	urrently registered.)
All Elections	Primary	General	Special Election	
	IMPORTANT INFO	ORMATION – Please	Type or Print	
FIRST NAME:	MIDDLE NAME:		LAST NAME:	
DATE OF BIRTH:	SOCIAL SECURITY #:			(OPTIONAL)
CONTACTS: E-mail	Phone		Phone	
POLITICAL PARTY: (Required	d for Primary Electi	ons.)		
Republican	Democratic	Libertarian	Constitution	Unaffiliated
TYPE OF VOTER:	RE	SIDENCE ADDRESS IN	WYOMING:	
Domestic Military		Address:		
Overseas Military		City/State/Zip:		
Overseas Citizen		County:		
HOW WOULD YOU LIKE TO	RECEIVE YOUR AB	SENTEE BALLOT? (Cho	ose <u>one</u> .)	
I would like my ba	llot e-mailed to:	Email:		
I would like my ballot mailed to:		Address:		
		City/State/Zip:		
		County:		
I would like my ba	llot faxed to:	Fax Number:		

Important: Please e-mail or mail the completed form to the <u>County Clerk</u> in the county in which you are currently registered.