

# Colorado Mail-In Ballot Application

If you are currently registered to vote in Colorado, you may use this form to

- apply for or change your permanent mail-in voter status
- update your name, address, or political party affiliation

## For office use only

Voter ID Number: \_\_\_\_\_  
Date Stamp: \_\_\_\_\_

You must fill out all fields marked with an asterisk (\*). Follow the instructions for other fields.

### Your name

Last name*	First name*	Middle name
<input type="text"/>	<input type="text"/>	<input type="text"/>

If you are currently registered to vote with a different name, what is that name? \_\_\_\_\_

### Your identifying information

Your birthdate (MM/DD/YYYY)\*

The last 4 digits of your Social Security Number  -  -  -

### Your contact information

#### Your home address

Street address (No P.O. Boxes)*	Apt. or Unit	City or Town*	ZIP Code*	Colorado County
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

When did you move to this address?\* (MM/DD/YYYY)

#### Address where you receive your mail (required if different from your home address)

Mailing address	Apt. or Unit	City or Town	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Your former address

If you are changing your registration to a new address, you must provide the address where you were formerly registered to vote.

Street address (No P.O. Boxes)	Apt. or Unit	City or Town	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Your phone number and email

Area code	Phone number	Email address
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Select or change your political party affiliation

Select only one. (Required if you want to vote in a party's Primary Election or participate in a party caucus).

American Constitution  Americans Elect  Democratic  Green  Libertarian  Republican  Unaffiliated

### Voting by mail

#### Do you wish to be designated as a permanent mail-in voter?

- Yes, I want to be a permanent mail-in voter and automatically receive a mail-in ballot for all applicable elections.
- No, I do not want to be a permanent mail-in voter and if my name is on the permanent mail-in list I want it removed.
- No, but I would like a mail-in ballot for this year's statewide elections.

#### Fill out the following if you want your ballot for a specific election sent to an address that differs from the home or mailing address you listed above

June Primary Election (even year):

Address	Apt. or Unit	City or Town	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

November General (even year) or Coordinated (odd year) Election:

Address	Apt. or Unit	City or Town	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Sign or mark below



Signature or Mark\* \_\_\_\_\_ Date\* \_\_\_\_\_ Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

(If you are registering for a Mail-in Ballot and are unable to sign, you must make a mark and a witness to the mark must sign here).