

Last Name		First Name		Middle
Residence Address		City	County	Zip
Date of Birth (Required)	Wyoming Driver's License Number (Required if a WY DL has been issued to you)		Social Security Number (Optional)	
Requesting Ballot(s) for:	<input type="checkbox"/> General Election Date:	<input type="checkbox"/> Primary Election Date:	<input type="checkbox"/> Special Election Date:	<input type="checkbox"/> Currently in the Military
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> _____		<i>To change political party affiliation complete a Voter Registration Application and Change Form before a Registry Agent.</i>		
Mail Ballot to:	City	State	Country	Zip or Code
Voter Signature :		Person authorized to pick up your ballot, if we are NOT mailing it to you.		
Backup Contact info (email address or cell phone number)		Notes:		

<i>For office use</i>	<i>Date:</i>	<i>Voter ID:</i>	<i>Source:</i>
	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected		<input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Counter

Primary	<i>Ballot</i> voted in person on _____ taken in Person on _____ mailed out on _____ returned on _____	General	<i>Ballot</i> voted in person on _____ taken in Person on _____ mailed out on _____ returned on _____	Special	<i>Ballot</i> voted in person on _____ taken in Person on _____ mailed out on _____ returned on _____
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