



Wisconsin Application for Absentee Ballot

Confidential Elector ID#
(HINDI - sequential #) (Official Use Only)

WisVote ID #
(Official Use Only)

Ward No.

Instructions

Detailed instructions for completion are on the back of this form. Return this form to your municipal clerk when completed.

- You must be registered to vote before you can receive an absentee ballot. You can confirm your voter registration at <https://myvote.wi.gov>

PHOTO ID REQUIRED, unless you qualify for an exception. See instructions on back for exceptions.

VOTER INFORMATION

1	Municipality	<input type="radio"/> Town <input type="radio"/> Village <input type="radio"/> City	County
2	Last Name		First Name
	Middle Name	Suffix (e.g. Jr, II, etc.)	Date of Birth (MM/DD/YYYY)
	Phone	Fax	Email
3	Residence Address: Street Number & Name		
	Apt. Number	City	State & ZIP
4	If you are a military or permanent overseas elector, fill in the appropriate circle (see instructions for definitions): <input type="radio"/> Military <input type="radio"/> Permanent Overseas		

I PREFER TO RECEIVE MY ABSENTEE BALLOT BY: (Ballot will be mailed to the address above if no preference is indicated. Absentee ballots may not be forwarded.)

5	<input type="radio"/> MAIL	Mailing Address: Street Number & Name		
	<input type="radio"/> VOTE IN CLERK'S OFFICE	Apt. Number	City	State & ZIP
		Care Facility Name (if applicable)		
		C / O (if applicable)		
	<input type="radio"/> FAX	Fax Number		
<input type="radio"/> EMAIL	Email Address			

I REQUEST AN ABSENTEE BALLOT BE SENT TO ME FOR: (mark only one)

6	<input type="radio"/> The election(s) on the following date(s): _____
	<input type="radio"/> All elections from today's date through the end of the current calendar year (ending 12/31).
	<input type="radio"/> Every election subsequent to today's date. I further certify that I am indefinitely confined because of age, illness, infirmity or disability and request absentee ballots be sent to me until I am no longer confined or fail to return a ballot.

TEMPORARILY HOSPITALIZED VOTERS ONLY (please fill in circle)

7	<input type="radio"/> I certify that I cannot appear at the polling place on election day because I am hospitalized, and appoint the following person to serve as my agent, pursuant to Wis. Stat. § 6.86(3).		
	Agent Last Name	Agent First Name	Agent Middle Name
	AGENT: I certify that I am the duly appointed agent of the hospitalized absentee elector, that the absentee ballot to be received by me is received solely for the benefit of the above named hospitalized elector, and that such ballot will be promptly transmitted by me to that elector and then returned to the municipal clerk or the proper polling place.		
	Agent Signature	X	Agent Address

ASSISTANT DECLARATION / CERTIFICATION (if required)

I certify that the application is made on request and by authorization of the named elector, who is unable to sign the application due to physical disability.

Agent Signature	X	Today's Date
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VOTER DECLARATION / CERTIFICATION (required for all voters)

I certify that I am a qualified elector, a U.S. Citizen, at least 18 years old, having resided at the above residential address for at least 10 consecutive days immediately preceding this election, not currently serving a sentence including probation or parole for a felony conviction, and not otherwise disqualified from voting. Please sign below to acknowledge that you have read and understand the above.

Voter Signature	X	Today's Date
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