



Wisconsin Application for Absentee Ballot

Confidential Elector ID#
(#IND1 - sequential #) (Office Use Only)

SVRS ID #
(Office Use Only)

General Instructions:
Please Review Fully

Please use uppercase (**CAPITAL**) letters only. Fill in circles as appropriate. Return completed form to municipal clerk.
This document can be made available in accessible formats to persons with disabilities, upon request.

Voter Declaration: I certify that I am a qualified elector, a U.S. citizen, at least 18 years old, having resided at the below residential address for at least 10 days immediately preceding this election, not currently serving a sentence including probation or parole for a felony conviction, and not otherwise disqualified from voting.

Required Information

(NOTE: In order to receive an absentee ballot, you must be a registered elector)

1	Municipality	<input type="radio"/> Town <input type="radio"/> Village <input type="radio"/> City	
	County		

2	Last Name			Suffix (e.g. Jr, II, etc.)	
	First Name			Middle Name	
	Date of Birth (MM/DD/YYYY)			Telephone	

3	Residence Address: Street Number & Name				
	Apt. Number			City	
	State (WI Only)	ZIP + 4			

If Mailing Address is different than the Residence Address, Send Ballot To:

4	Name	C / O
	Nursing Home Name (If applicable)	
	Mailing Address: Street Number & Name	
	Apt. Number	City
State & ZIP + 4		

Elections (select one of the following options):

I request that an absentee ballot be sent to me for the election(s) on the following date(s): _____

I request that an absentee ballot be sent to me for all elections from today's date through the end of the current calendar year (ending 12/31).

I certify that I am indefinitely confined because of age, illness, infirmity or disability, and request an absentee ballot be sent to me for every subsequent election until I am no longer confined or fail to return a ballot for an election.

6 If you are a military or overseas elector, fill in the appropriate circle (see instructions for definitions): Military Overseas

7	Hospitalized Only	Hospitalized Voter Information (Only for those electors who are not indefinitely confined; please fill in circle.)			
		<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 s.6.86(3), Wis. Stats:			
		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	
		WITNESS: I certify that I am a resident of this absentee elector's municipality, and that the statements contained in this application are true to the best of my knowledge.			
Witness Signature	X	Witness Address			

Signature of Elector	X	Date (MM/DD/YYYY)	

Office Use Only:	Ward	Sch. Dist.	Alder.	Cty. Supr.	Ct. of App.	Assembly	St. Senate	Congress	Other	
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THE INFORMATION ON THIS FORM IS REQUIRED BY SS.6.85, 6.86, 6.87, WIS. STATS. PROVIDING FALSE INFORMATION ON THIS FORM IS PUNISHABLE BY A FINE OF \$1,000, IMPRISONMENT OF 6 MONTHS OR BOTH SS.12.13(3)(1), 12.60(1)(B), WIS STATS.