Wisconsin Application for Absentee Ballot

Confidential Elector ID# *(HINDI - sequential #) (Office Use Only)*		SVRS ID # *(Office Use Only)*	

Instructions

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

- Please use uppercase (CAPITAL) letters only. Fill in circles as appropriate.
- You must be registered to vote before you can receive an absentee ballot. You can confirm your voter registration at https://myvote.wi.gov
- If you have not previously provided a copy of photo ID, photo ID must accompany this application. (See instructions for exceptions)

VOTER INFORMATION

1	Municipality	○ Town ○ Village ○ 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): ○ Military ○ Permanent Overseas					

I PREFER TO RECEIVE MY ABSENTEE BALLOT BY: (Ballot will be mailed to the address above if no preference is indicated)

5	○ MAIL	Mailing Address: Street Number & Name				
	○ VOTE IN CLERK'S OFFICE	Apt. Number		City	State & ZIP	
		Care Facility Name (if applicable)				
		C / O (if applicable)				
	○ FAX	Fax Number	Military and Permanent Overseas only			
	○ EMAIL	Email Address	Military and Permanent Overseas only			

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

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○ The election(s) on the following date(s): _____

○ All elections from today's date through the end of the current calendar year (ending 12/31).

○ 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)

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○ 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	

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 28 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	

Wisconsin Application for Absentee Ballot

General Instructions: This form should be submitted to your municipal clerk, unless directed otherwise.

- This form should only be completed by registered voters; if you are not a registered voter or military elector, please submit a Voter Registration Application (GAB-131) with this form.

If you have not previously provided a copy of photo ID, photo ID must accompany this application. For the full list of acceptable photo ID visit http://bringit.wi.gov. In lieu of photo ID, the voters listed below may satisfy the voter ID requirement by the following means:

- Electors who are indefinitely confined (see Section 6) - the signature of a witness on the Absentee Certificate Envelope.
- Electors residing in care facilities served by Special Voting Deputies - the signatures of both deputies on the envelope.
- Electors residing in care facilities not served by Special Voting Deputies - the signature of an authorized representative of the care facility. If the elector is also indefinitely confined, the elector does not need a representative of the facility to sign.
- Military, Permanent Overseas, and Confidential Electors - Exempt from the photo ID requirement

1	• Indicate the municipality and county of residence. Use the municipality's formal name (For example: City of Ashland, Village of Greendale, or Town of Albion).
2	• Provide your name as you are registered to vote in Wisconsin. If applicable, please provide your suffix (Jr, Sr, etc.) and/or middle name. If your current name is different than how you are registered to vote, please submit a Voter Registration Application (GAB-131) with this form to update your information. • Provide your month, day, and year of birth. Remember to use your birth year, not the current year.
3	• Provide your home address (legal voting residence) with full house humber (including fractions, if any). • Provide your full street name, including the type (e.g., Ave.) and any pre- and/or post-directional (N, S, etc.) • Provide the city name and ZIP code as it would appear on mail delivered to the home address. • You may not enter a PO Box as a voting residence. A rural route box without a number should not be used.
4	• A "Military elector" is a person, or the spouse or dependent of a person who is a member of a uniformed service or the merchant marines, a civilian employee of the United States, a civilian officially attached to a uniformed service and serving outside the United States, or a Peace Corp volunteer. Military electors do not need to register to vote. • A "Permanent Overseas elector" is a person who is a United States citizen, 18 years old or older, who resided in Wisconsin immediately prior to leaving the United States, who is now living outside the United States and has no present intent to return, who is not registered in any other location, or who is an adult child of a United States citizen who resided in this state prior to establishing residency abroad. Permanent Overseas electors receive ballots for federal offices only and must be registered to vote prior to receiving a ballot.
5	• Fill in the circle to indicate your preferred method of receiving your absentee ballot. Only Military and Permanent Overseas voters may receive an absentee ballot by email or fax. • Military and Permanent Overseas voters may request and access their ballot directly at https://myvote.wi.gov. • If no preference is indicated, your absentee ballot will be mailed to your residence address listed in Box 3. • If you are living in a care facility, please provide the name of the facility. • If someone will be receiving the ballot on your behalf, please list them after C/O. Please note: The absentee elector is still required to vote their own ballot, although they may request assistance in physically marking the ballot.
6	• Select the first option if you would like to receive a ballot for a single election or a specific set of elections. • Select the second option if you would like to have a standing absentee request for any and all elections that may occur in a calendar year (ending December 31). • Select the third option only if you are indefinitely confined due to age, illness, infirmity or disability and wish to request absentee ballots for all elections until you are no longer confined or fail to return a ballot for an election.
7	• This section is only to be completed by an elector or the agent of an elector who is currently hospitalized. • An agent completing this form for a hospitalized elector must provide his/her name, signature and address on this application.

Assistant Signature:	In the situation where the elector is unable to sign the Voter Declaration / Certification due to a physical disability, the elector may authorize another elector to sign on his or her behalf. Any elector signing an application on another elector's behalf shall attest to a statement 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.
Voter Signature:	By signing and dating this form, you certify that you are a qualified elector, a U.S. citizen, at least 18 years old, having resided at your residential address for at least 28 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.