



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://vpa.wi.gov>

VOTER INFORMATION

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

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

5	<input type="checkbox"/> MAIL	Mailing Address: Street Number & Name			
		Apt. Number		City	State & ZIP
		Nursing Home Name (if applicable)			
		C / O (if applicable)			
	<input type="checkbox"/> FAX	Fax Number			
<input type="checkbox"/> EMAIL	Email Address				

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

6	<input type="checkbox"/> The election(s) on the following date(s): _____
	<input type="checkbox"/> All elections from today's date through the end of the current calendar year (ending 12/31).
	<input type="checkbox"/> 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="checkbox"/> 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		
	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			

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 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.**

Signature	X	Today's Date	
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