	•		Wis	consi	n A	pplicati	on fo	r Ab	sent	ee B	allot		(Municip voter, ch	al Clerk) if in eck here:	регво	n 🗀
_	V	Wisconsin Application for Absentee Ballot Absentee ballots may also be requested at MyVote.wi.gov														
_	_{	Confidential Elector ID# (HIND) - sequential #) (Official Use Only)					WisVote ID # (Official Use Only)							Vard No.		
5	Deta	iled instruction			re on 1	the back of th	is form.	Return	•		ur munici	nal clerk				
Instructions	• Y	ou must be regis	stered to	vote before	e you c	an receive an	absentee	e ballot.	You can	confirm	n your vot	er registrat		-		wi.g
OIE	K IN	FORMATION			····					1		 				
1	Muni	O icipality O O	Town Village City							Cour	ity					
2	Last Name							Firs	t Name		·					
	Midd	le Name			5	Suffix (e.g. Jr, II, etc.	.)		Date o	f Birth						
	Phor	ne		F	ах				Email						1	
	Resi	dence Address:	Street N	umber & Na	ame											
Apt. Number City State & ZIP																
4	Fill in	the appropriate c	ircle – if a	pplicable (se	ee instr	uctions for defin	nitions):	01	Vilitary	О	Permanent	Overseas	O Te	mporary C	vers	eas
PRE	FER	TO RECEIVI	E MY A	BSENTE	EE BA	ALLOT BY:					address al	oove if no ed.)	prefere	nce is ind	icate	d.
	O MAIL Mailin			lailing Address: Street Number & Name												
		VOTE IN CLERK'S OFFICE	Apt. Number			City				State	State & ZIP					
	0		Care Facility Name (if applicab			oplicable)						. 				
5			C / O (if applicable)													
	0	FAX Fax Number				Fur Military and Cyarshas Maters Outy					Voter must have a computer and printer when receiving a ballot by fax or email. Voted ballo must be returned by mail.					
	0	EMAIL Email Address			1	For Asiitary and Overseas Voters Only										
REQ	UES	T AN ABSEN	NTEE E	BALLOT)						
·	От	he election(s) or	n the follo	owing date((s):	· · · · · · · · · · · · · · · · · · ·	****				····					
6	_	O The election(s) on the following date(s):														
	() F	or indefinitely- equest absentee tatements in ord Vis. Stats. §§ 12	confined ballots t ler to obt	I voters on be sent to n ain an abse	t ly: I c ne auto entee b	ertify that I a	m indefir i I am no	nitely c	onfined b	because or I fail	of age, il to return :	a ballot. A	nvone	who make	es fa	lse
EMP	ORA	RILY HOSP	ITALIZ	ED VOT	ERS	ONLY (pleas	se fill in ci	rcle)								
	I certify that I cannot appear at the polling place on election day because I am hospitalized, and appoint the following person to s my agent, pursuant to Wis. Stat. § 6.86(3).											serv	e as			
7	Agent	Agent Last Name				Agent First Name			Agent			Agent Middl	nt 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 elect and then returned to the municipal clerk or the proper polling place.													is lecto		
	Agent	t Signature	X				Agent Add	lress								
SSIS	STAN	T DECLARA	TION	/ CERTIF	ICAT	TION (if requi	lred)	L	· · · · · · · · · · · · · · · · · · ·							
	that th	e application is r	nade on i	request and	by au	thorization of t	he named	i electo	, who is u	unable t	o sign the	application	n due to	physical	disat	oility.
Huly																

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 Instructions

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 (EL-131) with this form.

Photo iD requirement: If you will receive your absentee ballot by mail, and have not previously provided a copy of acceptable photo ID with a prior by-mail absentee ballot request, a copy of photo ID must accompany this application. You may submit your application and a copy of your ID by mail, fax or email. In-person voters must always show acceptable photo ID.

The following documents are acceptable Photo ID (For specific information regarding expired documents visit http://bringit.wi.gov.)

State of WI driver license or ID card
Military ID card issued by a U.S. uniformed service
Photo ID issued by the federal Dept. of Veterans Affairs
University, college or tech college ID and enrollment verification
U.S. passport booklet or card

Certificate of Naturalization WI DOT DL or ID card receipt Citation/Notice to revoke or suspend WI DL ID card issued by federally recognized WI tribe

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
 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.
- 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).
- 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 (EL-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.
 - Provide your home address (legal voting residence) with full house number (including fractions, if any).
 - Provide your full street name, including the type (eg., 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 may not be used.
 - 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 will receive ballots for federal offices only and must be registered to vote prior to receiving a ballot.
 - A "Temporary Overseas elector" is a person who is a United States citizen, 18 years of age or older, a resident of Wisconsin and is
 overseas for a temporary purpose and intends to return to their Wisconsin residence.
 - Fill in the circle to indicate your preferred method of receiving your absentee ballot.
 - 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.
 - You are encouraged to provide a physical mailing address as backup in case of electronic transmission difficulties. Please only fill the circle for your preferred means of transmission.
 - 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. <u>Please note:</u> The absentee elector is still required to vote their own ballot, although they may request assistance in physically marking the ballot.
 - 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.
 - 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:

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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.

EL-121 | Rev 2020-06 | Wisconsin Elections Commission, P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web: elections.wi.gov | email: elections@wi.gov