



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>
- 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	<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 <small>(MM/DD/YYYY)</small>	
	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)

5	<input type="radio"/> MAIL	Mailing Address: Street Number & Name				
		Apt. Number		City		State & ZIP
	<input type="radio"/> CLERK'S OFFICE	Nursing Home 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.		
Assistant 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 Instructions

General Instructions: *Please Review Fully* 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. 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 nursing homes, CBRFs, retirement homes, residential care apartment complexes or adult family homes served by Special Voting Deputies (SVDs)** – the signatures of both deputies on the Absentee Certificate Envelope.
- Electors residing in facilities listed above who are not served by SVDs and not indefinitely confined** – the “Certification of Care Facility Authorized Representative” section of the Absentee Certificate Envelope may be completed. A witness must also sign.
- Military, Permanent Overseas and Confidential Electors** – Exempt from voter ID requirement.

- | | |
|---|---|
| 1 | <ul style="list-style-type: none"> Indicate the municipality and county of residence. Use the municipality’s formal name (For example: City of Plymouth, Village of Chenequa, or Town of Aztalan). |
| 2 | <ul style="list-style-type: none"> 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. Providing your telephone/fax number or email address allows elections officials to contact you if there is a problem with your absentee application. |
| 3 | <ul style="list-style-type: none"> Provide your home address (legal voting residence) in Wisconsin. Provide the full house number (including fractions, if any). Provide your full street name, including the type (St, Ave, etc) 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 | <ul style="list-style-type: none"> 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. Military electors will continue to receive ballots for all elections unless otherwise requested. 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 <u>and has no present intent to return</u>, 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. |
| 5 | <ul style="list-style-type: none"> Fill in the circle to indicate your preferred method of receiving your absentee ballot (mail, fax or email). 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 nursing home, 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. |
| 6 | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> This section is only to be completed by an elector or the agent of an elector who is currently hospitalized. A hospitalized elector must certify that he or she cannot appear at the polling place on Election Day. 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.



Wisconsin Voter Registration Application

Submitted by Mail
(Official Use Only)

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

SVRS ID

Instructions for completion are on the back of this form. Return this form to your municipal clerk, unless directed otherwise.

- Please use uppercase (**CAPITAL**) letters only. Fill in circles as appropriate.
- If you have not voted in WI and are submitting this application by mail, you must also provide a copy of your proof of residence (see reverse).
- NOTE: If this is a change of address, then upon completion of this application your voting rights will be cancelled at your previous residence.

1	<input type="checkbox"/> New WI Voter <input type="checkbox"/> Name Change <input type="checkbox"/> WI Address	Municipality	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City
		County	

2	WI Driver License or WI DOT-issued ID (DL # required if issued)	Expiration Date	<input type="checkbox"/> I have neither a WI Driver License/ID, nor a Social Security Number.
	Social Security Number - Last Four Digits <i>(if driver license not issued or not current and valid)</i>	XXX - XX -	

3	Current	Print your name exactly as it appears on the document, the number of which you provided in Box 2. <i>(Driver License/ID Card or Social Security Card).</i>					
		Last Name	First				
		Middle Name	Suffix (e.g. Jr, II, etc.)		Phone #		
		Date of Birth (M/D/YYYY)	Email Address				
		Residence Address: Street Number & Name					

4	Apt.	City	State & ZIP
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5	If applicable	Mailing Address: Street Number & Name	
		Apt. Number	City

6	Previous	Last Name	First	
		Middle Name	Suffix (e.g. Jr, II, etc.)	

7	Required	Previous Registration Address : Street Number & Name		
		Apt.	City	State & ZIP

8	Accommodation needed at poll location (e.g. wheelchair access):	If you do not have a street number or address, use the map to show where you live. • Mark crossroads • 'X' where you live • Use dots for landmarks	Example: Woodchuck Road, Library, High School, X
	<input type="checkbox"/> I am interested in being a poll worker.		

9	Please answer the following questions by filling in "Yes" or "No":		<input type="checkbox"/> Yes <input type="checkbox"/> No If you filled in "No" in response to EITHER of these questions, do <u>not</u> complete this form.
	1. Are you a citizen of the United States of America? 2. Will you be 18 years of age or older on or before election day?		

10 I hereby certify, to the best of my knowledge, that I am a qualified elector, a U.S. citizen, at least 18 years old or will be at least 18 years old at the time of the next election, having resided at the above residential address for at least 28 consecutive days immediately preceding this election, with no present intent to move. I am not currently serving a sentence including probation or parole for a felony conviction, and not otherwise disqualified from voting. I certify that all statements on this form are true and correct. If I have provided false information I may be subject to fine or imprisonment under State and Federal laws. **If completed on Election Day:** I further certify that I have not voted in this election. **Please sign below to acknowledge that you have read and understand the above.**

11	Signature of Elector	X	Today's Date (M/D/YYYY)
			Election Day Voter # <i>(Official use only)</i>

Falsification of information on this form is punishable under Wisconsin law as a Class I felony. *(Official use only)*

12	Assistant Signature:	Assistant Address:	Proof of Residence type <i>(Official use only)</i>
			Proof of Residence # <i>(Official use only)</i>

Official's Signature:	SRDs printed name and SRD#:
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Ward	Sch. Dist.	Alder	City, Supr.	Ct. of App.	Assembly	St. Senate	Congress
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Wisconsin Voter Registration Application Instructions

Each section on the front side of this document corresponds to the sections below (1-12)

These documents constitute proof of residence if they:

Contain the voter's current and complete first and last name and residential address, and are valid on the day used to register to vote.

- A current and valid WI Driver License / ID Card
- Any other official identification card or license issued by a Wisconsin governmental body or unit
- An employee ID card with a photograph, but not a business card
- A real property tax bill or receipt for the current year or the year preceding the date of the election
- A residential lease (Does not count as proof of residence if elector submits form by mail)
- A picture ID from a university, college or technical college coupled with a fee receipt
- A picture ID from a university, college or technical college coupled with an on-campus housing listing provided by the university, college or technical college to the municipality that denotes US Citizenship
- A utility bill for the period commencing not earlier than 90 days before the day registration is made
- A bank statement • A paycheck • A check or other document issued by a unit of government

- | | |
|-----------|--|
| 1 | <ul style="list-style-type: none"> • Fill in the circle (New Voter, Name Change, Address Change) describing why you are completing this form. • A "New Voter" is anyone who is not currently registered to vote in Wisconsin. You can check your voter registration status at Wisconsin's Voter Public Access website (https://vpa.wi.gov) • Indicate your municipality. Use formal names (For example: City of Plymouth, Village of Chenequa, or Town of Aztalan). • Indicate your county of residence. |
| 2 | <ul style="list-style-type: none"> • If you have been issued and have a current and valid WI driver license or WI DOT-issued identification card (ID), you must provide the number. • If you have been issued a WI Driver License, which is revoked, suspended, or expired, please provide the number and the last 4 digits of your Social Security number. • If you have not been issued a WI driver license or a WI DOT-issued ID, you must provide the last 4 digits of your Social Security number. • If you do not have a WI driver license, a WI DOT-issued ID or a Social Security number, indicate that fact by filling in the appropriate circle. • If you are registering to vote on Election Day and have been issued a WI driver license, but are unable or unwilling to provide the number, your vote will not be counted unless you provide the number to the election inspectors by 8:00 p.m. on Election Day or to your municipal clerk by 4:00 p.m. the Friday following Election Day. |
| 3 | <ul style="list-style-type: none"> • Provide your current and complete name as it appears on the document, the number of which you provided in Box 2, including your last name, first name, middle name or initial and suffix (Jr, Sr, etc), if any. • Provide your month, day and year of birth. Remember to use your birth year, not the current year. • Providing your phone number and/or email address is optional, but will help your municipal clerk to contact you in case of problems with your registration, and is subject to open records requests. |
| 4 | <ul style="list-style-type: none"> • Provide your home address (legal voting residence), which must be located in Wisconsin. • Record the full house number (including fractions, if any). • Provide your full street name, including the type (St, Ave, etc) and any pre- and/or post-directional (N, S, etc.). • Provide the city name and zip that appears on mail delivered to your home address. • <u>You may not enter a PO Box as a residential address.</u> A rural route box without a number should not be used. |
| 5 | <ul style="list-style-type: none"> • If your mailing address is different from your home address, provide it here. A PO Box is acceptable as a mailing address. Overseas electors should provide their complete overseas address here. |
| 6 | <ul style="list-style-type: none"> • Provide your previous first, last and middle names, along with a suffix, if any. • Provide this information regardless of the time elapsed since your last name change. |
| 7 | <ul style="list-style-type: none"> • Provide your address where you were previously registered to vote. • Provide this information whether you moved within Wisconsin or from another state regardless of time elapsed. |
| 8 | <ul style="list-style-type: none"> • If you need assistance when voting, you may describe the assistance required (e.g. wheelchair access). • If you are interested in being a poll worker for your municipality, you may fill in the circle. • If you do not have a street address, use the map to show where you live. |
| 9 | <ul style="list-style-type: none"> • Answer both questions by filling in the appropriate circle. If you answer "No" to either question, you are not eligible to vote in Wisconsin. • Please note, for question 2, you must either be at least 18 years old, or will be at least 18 years old at the time of the next election to be eligible to vote. If you are completing on election day you must be 18 years old today. |
| 10 | <ul style="list-style-type: none"> • Please read carefully. By signing this form you are certifying that you meet the eligibility requirements to vote. If you do not meet these requirements, you are not eligible to vote in Wisconsin, and should not sign this form. |
| 11 | <ul style="list-style-type: none"> • By signing and dating this form, you certify that all the information you have provided on this form is true and correct, and that you meet the eligibility requirements for voting, listed in the statement in Box 10 of this form. • Falsification of information on this form is punishable under Wisconsin law as a Class I felony. |
| 12 | <ul style="list-style-type: none"> • Assistant: If you are unable to sign this form due to a physical disability, you may have an assistant do so on your behalf. That assistant must provide his or her signature and address in the space provided. By signing, the assistant certifies that he or she signed the form at your request. |