


|  | | <h2 style="text-align: center;">Wisconsin Application for Absentee Ballot</h2> | | | | | | | | | | |
|---|---|--|--------------------|-------------------|---------------|----------|------------|----------|----------------------------|---|--|--|
| Confidential Elector ID# <small>(HIND) - sequential # (Office Use Only)</small> | | | | | | | | | | SVRS ID # <small>(Office Use Only)</small> | | |
| General Instructions: <i>Please Review Fully</i> | | 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 checked="" type="radio"/> Village <input type="radio"/> City | City of Burlington | | | | | | | | | |
| | County | Racine | | | | | | | | | | |
| 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 | | | Burlington | | | | | | | |
| | State (WI Only) | WI | ZIP + 4 | 53105 | | | | | | | | |
| 4 | If Mailing Address is different than the Residence Address, Send Ballot To: | | | | | | | | | | | |
| | Name | | C / / O | | | | | | | | | |
| | Nursing Home Name (If applicable) | | | | | | | | | | | |
| | Mailing Address: Street Number & Name | | | | | | | | | | | |
| | Apt. Number | City | | | | | | | | | | |
| State & ZIP + 4 | | | | | | | | | | | | |
| 5 | Elections (select one of the following options): | | | | | | | | | | | |
| | <input type="radio"/> I request that an absentee ballot be sent to me for the election(s) on the following date(s): _____ | | | | | | | | | | | |
| | <input type="radio"/> 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). | | | | | | | | | | | |
| <input type="radio"/> 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): <input type="radio"/> Military <input type="radio"/> Overseas | | | | | | | | | | | |
| 7 | 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. | City. Supr. | Ct. of App. | Assembly | St. Senate | Congress | Other | | | |
| | | 0777 | | | | | | | | | | |



Application for Absentee Ballot Instructions

| | |
|---|---|
| General Instructions: <i>Please Review Fully</i> | This form should be submitted to your municipal clerk, unless directed otherwise. Each section on the front side of this document corresponds to the sections below (1-7). 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 (EB-131) in addition to this form. |
| 1 | If your municipal information has not been pre-printed, indicate the municipality and county of your residence. Use the formal names of your municipality and county. If in doubt, contact your municipal clerk to confirm this information. |
| 2 | Provide your current first and last names in the spaces provided. If applicable, please provide your suffix and/or middle name. Enter your formal names, as indicated on official government documents; no nicknames please. Optional: Providing your telephone number allows elections officials to contact you if further information is required. Complete this section by providing your month, day, and year of birth. Do not fill in the current year under the birth year. |
| 3 | Provide your home address (legal voting residence). This residence must be located in Wisconsin. The full house number should be filled in, including those with house numbers ending in a fraction like "1/2." You may not enter a post office box as a voting residence. A rural route box without a number should not be used. |
| 4 | If you would like your ballot(s) sent to an address other than your residence address, please complete this section. Indicate in the 'Name' area the contact to whom the ballot should be sent (provide your own name if applicable). If you are in a Nursing Home, please indicate the name of the facility in the space provided. Provide the address to which you would like the absentee ballot(s) sent. |
| 5 | You are required to select ONLY one of the two options in this section. <ul style="list-style-type: none"> • Select Option 1 if you are NOT indefinitely confined. When you select this option, you must indicate the date of the election event for which you are requesting an absentee ballot. You may only request a single primary and/or election on one form. Unless you are a military elector, the indication "All" will not be accepted. • Select Option 2 if you are indefinitely confined. You may request absentee ballots for all elections until you are no longer confined or you fail to return a ballot for an election. |
| 6 | If you are a military or overseas elector as defined here, fill in the appropriate circle: <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. An absentee ballot request is valid for all elections as long as the person is a military elector. • An "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. Overseas electors will receive ballots for federal offices only and must register to vote prior to receiving a ballot. |
| 7 | 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 by filling in the circle. An agent completing this form for a hospitalized elector must provide his/her name, signature and address on this application. An application for a hospitalized voter must be witnessed by an elector of that hospitalized voter's municipality, with the witness also providing his/her address. If the agent is a resident of the hospitalized voter's municipality, he/she can also sign as a witness. |
| 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 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. | |