OFFICIAL ABSENTEE BALLOT APPLICATION/CERTIFICATION

Voter has met or is exempt from the photo ID requirement. Municipal or Deputy Clerk initial here _____.

Note: With certain exceptions, an elector who mails or personally delivers an absentee ballot to the municipal clerk at an election is not permitted to vote in person at the same election on Election Day. Wis. Stat. § 6.86(6).

Voter: Complete the information below and sign the certification in the presence of a witness who must also sign.

▼ Municipal Clerk: *Voter address label from WisVote may be affixed below.* ▼

CERTIFICATION OF VOTER *(required)*

I certify, subject to the penalties for false statements of Wis. Stat. § 12.60(1)(b), that I am a resident of the ward of the municipality in the county of the state of Wisconsin indicated hereon and am entitled to vote in the ward at the election indicated hereon; that I am not voting at any other location in this election; that I am unable or unwilling to appear at the polling place in the ward on election day, or I have changed my residence within the state from one ward to another later than 10 days before the election. I certify that I exhibited the enclosed ballot, unmarked, to the witness, that I then in the presence of the witness and in the presence of no other person marked the ballot and enclosed and sealed the ballot in this envelope in a manner that no one but myself and any person providing assistance under Wis. Stat. § 6.87(5), if I requested assistance, could know how I voted. I further certify that I requested this ballot.

X_____ _____ / _____ / _____

▲ Signature of Voter ▲ *(All voters must sign.)* Today's date: month day year

REQUIRED OF MILITARY AND OVERSEAS VOTER ONLY: I further certify my birth date is _____ / _____ / _____

month day year of birth

CERTIFICATION OF WITNESS *(signature and address of witness are required)*

I, the undersigned witness, subject to the penalties for false statements of Wis. Stat. § 12.60(1)(b), certify that I am an adult U.S. Citizen and that the above statements are true and the voting procedure was executed as stated. I am not a candidate for any office on the enclosed ballot (except in the case of an incumbent municipal clerk). I did not solicit or advise the voter to vote for or against any candidate or measure. I further certify that the name and address of the voter is correct as shown.

1._____ 2._____

▲ **Signature of ONE** adult, U.S. citizen witness▲ *(If witnesses are Special Voting Deputies, both must sign.)*

_____ _____

Address of Witness(s) - street number or fire number and street, or rural route and box number, municipality, state and zip code

CERTIFICATION OF CARE FACILITY AUTHORIZED REPRESENTATIVE *(if applicable)*

I certify I am an authorized representative of the facility listed. I further certify that this facility is registered or certified as required by law, that the above voter is a resident, and I verify that the name and address of the voter described above is correct. *(Certification of Witness Section must also be completed.)*

_____ _____

▲ Name of Facility ▲ ▲ **Signature of Authorized** Representative ▲

Date of Election (month, day, year)

_____ / _____ / _____

County

Municipality (check type and list name)

❒Town ❒Village ❒City of

Ward #

District (if applicable)

(Official Use Only) Voted in clerk's office ❒

Voter's Name (last, first, middle) including suffix *(Please print legibly.)*

.

Street Address – include street or fire number and name of street, or rural route and box number

City, State, Zip

CERTIFICATION OF ASSISTANT *(if applicable)*--assistant may also be witness

I certify that the voter named on this certificate is unable to sign his/her name or make his/her mark due to a physical disability, and that I signed the voter's name at the direction and request of the voter.

X _____

▲ **Signature of Assistant** ▲

MUNICIPAL CLERK MARKS THIS SECTION, IF REQUIRED *(only required in certain care facility circumstances)* ❒

Attention Election Inspectors: If box is checked, one of the following is required:

- ✔ A copy of photo ID must be enclosed in the envelope OR
- ✔ The *Certification of Care Facility Authorized Representative* section of this envelope must be completed (as well as the *Certification of Witness* Section.)

If neither are included, this ballot must be rejected.