

**OFFICIAL ABSENTEE BALLOT APPLICATION/CERTIFICATION**

*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. *(Official Use Only)* Voter has met or is exempt from the photo ID requirement. Municipal or Deputy Clerk initial here: \_\_\_\_\_

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

Date of Election (month, day, year) \_\_\_\_\_ County \_\_\_\_\_

Municipality (check type and list name) Town  Village  City  of \_\_\_\_\_

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 \_\_\_\_\_

Ward # \_\_\_\_\_ District (if applicable) \_\_\_\_\_ *(Official Use Only)*  
Voted in clerk's office

**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**

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

**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. \_\_\_\_\_  
**▲ Signature of ONE adult U.S. citizen witness▲**

2. \_\_\_\_\_  
**▲ If witnesses are Special Voting Deputies, both must sign. ▲**

**▼ Address of Witness(es) ▼**

1. \_\_\_\_\_  
 2. \_\_\_\_\_

street number or fire number and street, or rural route and box number, municipality, state and zip code

**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▲**

**CERTIFICATION OF CARE FACILITY 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.

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

**(CERTIFICATION OF WITNESS SECTION MUST ALSO BE COMPLETED.)**

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

**Attention Election Inspectors:** If the box to the right is checked, one of the following is required:  
 A copy of photo ID must be enclosed in this 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 is included, this ballot must be rejected.**