



# Absentee Processing

## Observer Guide



### Absentee Carrier Envelopes

Poll workers document the serial number of the tamper-evident seal as they open each envelope of absentees.



### Poll Workers Check Ward on Label

Poll workers verify that each absentee envelope is for a ward served by their polling location.



### Poll Workers Check Certificate

Certificates missing a signature or witness address are set aside to be rejected at 8 p.m.



### Poll Workers Check Ineligible List

If an absentee voter is on the ineligible list, poll workers follow the Challenge procedure.



### Poll Book

Poll Workers announce each absentee voter's name and address at poll book. Voter slip number is assigned if voter is registered and hasn't already voted.



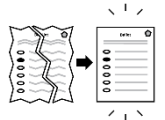
### Open Envelopes, Flatten Ballots

Envelopes are opened only after a voter slip number is assigned. Ballots are unfolded and flattened.



### Duplication, if needed

Two poll workers work together to determine voter intent and duplicate a ballot if the tabulator will not be able to read it. These would be ballots that are marked with green or red pen, torn, overvoted, printed on regular paper, or marked creatively (not filling in the ovals).



### Scan

Ballots are counted by the DS-200. The Clerk's Office tested every DS-200 for accurate vote tabulation of every ballot style and every office on the ballot 10 days before the election.



**Official Absentee Ballot Certificate & Application**

CLERK or DEPUTY Initial Here >>> Voter exempt from or met POI requirement

MILITARY OVERSEAS

**1** **CLERK or VOTER must complete this part**

**Voter Information**

City Name: \_\_\_\_\_ Election Date (mm/dd/yyyy) \_\_\_\_\_

Village Name: \_\_\_\_\_

Town Name: \_\_\_\_\_

Name (Last, First, Middle) \_\_\_\_\_

Street Address \_\_\_\_\_

Country	City	Word	Ald. Dist
State	Zip	Word	Ald. Dist

**2** **VOTER must complete this part**

I certify, subject to the penalties for false statements of Wis. Stat. § 12.60(1)(b), that:

- I am a resident of the ward or of the aldermanic district of the municipality in the county of the state of Wisconsin indicated hereon OR I am entitled to vote in the ward or aldermanic district at the election indicated hereon
- I am not voting at any other location in this election
- 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 less than 28 days before the election
- I displayed the ballot unmarked to the witness and in the presence of no other person marked the ballot and enclosed and sealed it in this envelope in a manner that no one but myself and an assistant under s. 6.87(5), if I requested assistance, could know how I voted
- I requested this ballot and this is the original or a copy of that request

**X** **Voter Signature** \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

**Certification of Assistant (if applicable)**  
I certify that the voter is unable to sign their name due to a disability and that I signed the voter's name at the direction and request of the voter

Assistant Signature \_\_\_\_\_

**3** **WITNESS must complete this part**

I the undersigned witness, subject to the penalties for false statements of Wis. Stat. § 12.60(1)(b), certify that:

- I am at least 18 years old
- 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 elector to vote for or against any candidate or measure

**WITNESS REQUIRED**

**X** **Witness Signature** \_\_\_\_\_

**Witness Printed Name** \_\_\_\_\_

**Witness Address (Number, Street Name, City)** \_\_\_\_\_

**Official Absentee Ballot Certificate & Application**

CLERK or DEPUTY Initial Here >>> Voter exempt from or met POI requirement

SVD

**1** **CLERK or VOTER must complete this part**

**Voter Information**

City Name: \_\_\_\_\_ Election Date (mm/dd/yyyy) \_\_\_\_\_

Village Name: \_\_\_\_\_

Town Name: \_\_\_\_\_

Name (Last, First, Middle) \_\_\_\_\_

Street Address \_\_\_\_\_

Country	City	Word	Ald. Dist
State	Zip	Word	Ald. Dist

**2** **VOTER must complete this part**

I certify, subject to the penalties for false statements of Wis. Stat. § 12.60(1)(b), that:

- I am a resident of the ward or of the aldermanic district of the municipality in the county of the state of Wisconsin indicated hereon OR I am entitled to vote in the ward or aldermanic district at the election indicated hereon
- I am not voting at any other location in this election
- 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 less than 28 days before the election
- I displayed the ballot unmarked to the witness and in the presence of no other person marked the ballot and enclosed and sealed it in this envelope in a manner that no one but myself and an assistant under s. 6.87(5), if I requested assistance, could know how I voted.
- I requested this ballot and this is the original or a copy of that request.

**X** **Voter Signature** \_\_\_\_\_

**Certification of Assistant (if applicable)**  
I certify that the voter is unable to sign their name due to a disability and that I signed the voter's name at the direction and request of the voter

Assistant Signature \_\_\_\_\_

**3** **SVD must complete this part**

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
- 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 elector to vote for or against any candidate or measure.
- I further certify that the name and address of the voter is correct as shown

**X** **Deputy #1 Signature** \_\_\_\_\_ **Deputy #2 Signature** \_\_\_\_\_

**Deputy #1 Printed Name** \_\_\_\_\_ **Deputy #2 Printed Name** \_\_\_\_\_

**Deputy #1 Address (Number, Street Name, City)** \_\_\_\_\_ **Deputy #2 Address (Number, Street Name, City)** \_\_\_\_\_

**Official Absentee Ballot Certificate & Application**

CLERK or DEPUTY Initial Here >>> In-person absentee voter from or met POI requirement

**1** **CLERK or VOTER must complete this part**

**Voter Information**

City Name: \_\_\_\_\_ Election Date (mm/dd/yyyy) \_\_\_\_\_

Village Name: \_\_\_\_\_

Town Name: \_\_\_\_\_

Name (Last, First, Middle) \_\_\_\_\_

Street Address \_\_\_\_\_

Country	City	Word	Ald. Dist
State	Zip	Word	Ald. Dist

**2** **VOTER must complete this part**

I certify, subject to the penalties for false statements of Wis. Stat. § 12.60(1)(b), that:

- I am a resident of the ward or of the aldermanic district of the municipality in the county of the state of Wisconsin indicated hereon OR I am entitled to vote in the ward or aldermanic district at the election indicated hereon
- I am not voting at any other location in this election
- 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 less than 28 days before the election
- I displayed the ballot unmarked to the witness and in the presence of no other person marked the ballot and enclosed and sealed it in this envelope in a manner that no one but myself and an assistant under s. 6.87(5), if I requested assistance, could know how I voted
- I requested this ballot and this is the original or a copy of that request

**X** **Voter Signature** \_\_\_\_\_

**Certification of Assistant (if applicable)**  
I certify that the voter is unable to sign their name due to a disability and that I signed the voter's name at the direction and request of the voter

Assistant Signature \_\_\_\_\_

**3** **WITNESS must complete this part**

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
- 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 elector to vote for or against any candidate or measure

**WITNESS REQUIRED**

**X** **Witness Signature** \_\_\_\_\_

**Witness Printed Name** \_\_\_\_\_

**Witness Address (Number, Street Name, City)** \_\_\_\_\_