Official Absentee Ballot Certificate & Application

CLERK OR DEPUTY
Initial Here >>

Voter exempt from or met POI requirement MILITARY & OVERSEAS

CLERK or VOTER must complete this part

Voter Infor	mation		/	/		
□City Name: □Village Name: □Town Name:			Election Dat	e (mm/dd/yyyy)		
Name (Last, First, Middle)						
Street Address						
County		City				
State	Zip	Ward	ı	Ald. Dist		

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	Birth /					
Voter Signature	(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

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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

		,	
X			
Witness Signature			
Witness Printed Name			
Witness Address (Num	ber, Street	Name, City)	

Absentee Ballot Return Envelope



Election Day

by 8 p.m. on

Ballot must arrive



OFFICIAL ABSENTEE BALLOTING MATERIAL — FIRST-CLASS MAIL NO POSTAGE NECESSARY IN THE U. S. MAIL – DMM-703.8.0

PAR AVION AIRMAIL USC 3406

POSTAGE PAID, 39