

**OFFICIAL ABSENTEE BALLOT APPLICATION/CERTIFICATION**

*(Official Use Only) The 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:** Please complete steps **1** through **5** below, in the presence of your witness.

**1** Place your voted ballot inside the envelope and seal it. Do not use tape or glue.

**2** Complete the section below if not completed by the clerk.  
**Provide your VOTING address.**

Date of Election (month, day, year)	County
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Municipality (check type and list name) Town  Village  City  of

Voter's Name (Last, First, Middle) including suffix *(Please print legibly)*

Street Address—Provide house number and street name or fire number and street name. OR

If your rural address does not include a house number/fire number and street name, provide rural route number and box no.

City	WI	Zip Code
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Official use only:	Ward #	District (if applicable)	Voted in clerk's office <input type="checkbox"/>
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**3** Sign and date this section.

**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 28 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: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**4** Have your witness sign and write their address below.

**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 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 witness▲

2. \_\_\_\_\_  
▲ If witnesses are Special Voting Deputies, both must sign. ▲  
▼ Address of witness or addresses of both SVDs ▼

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

Provide house number and street name or fire number and street name, city, state and zip code. OR  
If your rural address does not include a house number/fire number and street name, provide rural route number and box number, city, 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 ▲

**5** Mail back your ballot. Allow 4-5 days for delivery to ensure your ballot is received by Election Day. Ballots received after Election Day will NOT be counted.