

statewide SVS Voter Registration System		Wisconsin Application for Absentee Ballot									
		Confidential Elector ID# <small>(HINDI - sequential #) (Office Use Only)</small>				SVRS ID # <small>(Office Use Only)</small>					
General Instructions: <i>Please Review Fully</i>		Please use uppercase (CAPITAL) letters only. Fill in circles as appropriate. Return completed form to municipal clerk. This document can be made available in accessible formats to persons with disabilities, upon request.									
<input type="radio"/>		Voter Declaration: I certify that I am a qualified elector, a U.S. citizen, at least 18 years old, having resided at the below residential address for at least 10 days immediately preceding this election, not currently serving a sentence including probation or parole for a felony conviction, and not otherwise disqualified from voting.									
Required Information		(NOTE: In order to receive an absentee ballot, you must be a registered elector)									
1	Municipality	<input type="radio"/> Town <input type="radio"/> Village <input type="radio"/> City									
	County										
2	Last Name							Suffix (e.g. Jr, II, etc.)			
	First Name					Middle Name					
	Date of Birth (MM/DD/YYYY)					Telephone					
3	Residence Address: Street Number & Name										
	Apt. Number			City							
	State (WI Only)			ZIP + 4							
4		If Mailing Address is different than the Residence Address, Send Ballot To:									
		Name	C / O								
		Nursing Home Name (If applicable)									
		Mailing Address: Street Number & Name									
		Apt. Number			City						
		State & ZIP + 4									
5		Elections (select one of the following options):									
		<input type="radio"/> I request that an absentee ballot be sent to me for the election(s) on the following date(s): _____									
		<input type="radio"/> I request that an absentee ballot be sent to me for all elections from today's date through the end of the current calendar year (ending 12/31).									
		<input type="radio"/> I certify that I am indefinitely confined because of age, illness, infirmity or disability, and request an absentee ballot be sent to me for every subsequent election until I am no longer confined or fail to return a ballot for an election.									
6		If you are a military or overseas elector, fill in the appropriate circle (see instructions for definitions): <input type="radio"/> Military <input type="radio"/> Overseas									
7	Hospitalized Only	Hospitalized Voter Information (Only for those electors who are not indefinitely confined; please fill in circle.)									
		<input type="radio"/> I certify that I cannot appear at the polling place on election day because I am hospitalized, and appoint the following person to serve as my agent, pursuant to s.6.86(3), Wis. Stats:									
		Agent Last Name									
		Agent First Name		Agent Middle Name							
		AGENT: I certify that I am the duly appointed agent of the hospitalized absentee elector, that the absentee ballot to be received by me is received solely for the benefit of the above named hospitalized elector, and that such ballot will be promptly transmitted by me to that elector and then returned to the municipal clerk or the proper polling place.									
		Agent Signature		X		Agent Address					
		WITNESS: I certify that I am a resident of this absentee elector's municipality, and that the statements contained in this application are true to the best of my knowledge.									
Witness Signature		X		Witness Address							
Signature of Elector		X		Date (MM/DD/YYYY)							
Office Use Only	Ward	Sch. Dist.	Alder.	Cty. Supr.	Ct. of App.	Assembly	St. Senate	Congress	Other		
THE INFORMATION ON THIS FORM IS REQUIRED BY SS.6.85, 6.86, 6.87, WIS. STATS. PROVIDING FALSE INFORMATION ON THIS FORM IS PUNISHABLE BY A FINE OF \$1,000, IMPRISONMENT OF 6 MONTHS OR BOTH SS.12.13(3)(1), 12.60(1)(B), WIS STATS.											