

# Instructions

1. Fill this form out by hand, a 4x2.5" Dymo label will NOT FIT.
2. Cut out the form from edge to edge.
3. As close to the edges as possible, apply a **thin** layer of glue stick or rubber cement all over the back of the form and to the certificate side of the envelope.
4. Carefully adhere this form to the envelope.
5. Allow to dry before mailing.

↓ Cut Here ↓

↑ Cut Here ↑

## Official Absentee Ballot Certificate & Application

STEP 1

CLERK OR DEPUTY >> Initial Here >>

Voter exempt from or met POI requirement \_\_\_\_\_

SPECIAL

### CLERK OR VOTER must complete this part

#### Voter Information

- City Name:  
 Village Name:  
 Town Name:

Election Date (mm/dd/yyyy)

Name (Last, First, Middle)

Street Address

County

City

State

Zip

Ward

Ald. Dist

#### Attention Election Inspectors!

In addition to steps 1–3, one of the following is required:

- A copy of photo ID must be enclosed in this envelope
- OR Step 4 must be completed

**If neither is included, this ballot must be rejected**

STEP 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

STEP 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:



WITNESS REQUIRED

- 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

X

Witness Signature

Witness Printed Name

Witness Address (Number, Street Name, City)

STEP 4

### CARE FACILITY REP. must complete this part

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 are correct.

X

Care Facility Authorized Representative Signature

Name of Facility