



Application for Absentee Ballot

Confidential Elector ID # (HINDI – sequential #) (Office Use Only) **71261**

SVRS ID # (Office Use Only)

General Instructions: Please use uppercase (CAPITAL) letters only. Fill in circles as appropriate. Return completed form to municipal clerk. **Please Review Fully** This document can be made available in accessible formats to persons with disabilities, upon request.

Required Information NOTE: In order to receive an absentee ballot, you must be a registered elector prior to completing this form)

1	Municipality	<input type="radio"/> Town <input type="radio"/> Village <input checked="" type="radio"/> City	City of Neenah
	County	Winnebago	

2	Last Name				Suffix (e.g. Jr, II, etc.)	
	First Name			Middle Name		
	Driver's License Number	- - - - -			Last Four Digits of Social Security Number	- - - - -
	Date of Birth (MM/DD/YYYY)				Telephone Number	920- - - - -

3	Residence Address: Street Number & Name					
	Street Number & Name					
	Apt. Number			City	NEENAH	
	State (WI Only)	WI	Zip + 4	5 4 9 5 6	-	

4	If Mailing Address is Different than the Residence Address, Send Ballot To:					
	Name					
	Nursing Home Name (If applicable)					
	Street Number & Name					
	Apt. Number		City			
State & ZIP + 4						

5	Elections	
	I request that an absentee ballot be sent to me for the elections I have listed below:	
	<input type="radio"/> Primary Date: <input type="text"/>	<input type="radio"/> Election Date: <input type="text"/>

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 elector, that the absentee ballot to be received by me is received solely for the benefit of the above named 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		Agent Address	
		X			
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		Witness Address			
X					

<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 above 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.
-----------------------	---

Signature of Elector Requesting Absentee Ballot	X	Date (MM/DD/YYYY)	
---	---	-------------------	--

EB-121 (REV 10/2005). 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. THIS FORM IS PRECIBED BY THE STATE ELECTIONS BOARD, P.O. BOX 2973, MADISON, WI 53701-2973. (608) 266-8005.

FOR OFFICE USE			
Registered: Yes or No	Ward _____	Aldermanic District: 1 2 3	School District: 3892
Congressional District <u>6</u>	Assembly District: 55 or 56	County Supervisor District: 5 6 7 8 9 10 30	