



Wisconsin Application for Absentee Ballot

Confidential Elector ID #
(HINDI - sequential #)
(Office Use Only)

71261

SVRS ID #
(Office Use Only)

Photo ID Required:
 Yes No
(Office Use Only)

Photo ID Provided:
 Yes No
(Office Use Only)

Instructions
Instructions for completion are on the back of this form. Return this form to your municipal clerk when completed.

- Please use uppercase (CAPITAL) letters only. Fill in circles as appropriate.
- You must be registered to vote before you can receive an absentee ballot. You can confirm your voter registration at <https://vpa.wi.gov>
- If you have not previously provided a copy of a photo ID, photo ID must accompany this application. (See instructions for exceptions)

VOTER INFORMATION:

1 Municipality ○ Town
○ Village
• City **CITY OF NEENAH** County **WINNEBAGO**

2 Last Name _____ First Name _____
Middle Name _____ Suffix (e.g. Jr, II, etc) _____ Date of Birth (MM/DD/YYYY) ____/____/____
Phone (____) ____-____ Fax (____) ____-____ Email _____

3 Residence Address: Street Number & Name _____
Apt. Number _____ City **NEENAH** State & ZIP **WI 54956**

4 If you are a military or a permanent elector, fill in the appropriate circle (see instructions for definitions): Military Permanent Overseas

I PREFER TO RECEIVE MY ABSENTEE BALLOT BY: (Ballot will be mailed to the address above if no preference is indicated)

5 MAIL Mailing Address: Street & Name _____
Apt. Number _____ City _____ State & ZIP _____
Nursing Home Name (if applicable) _____
C / O (if applicable) _____
 FAX Fax Number: (____) ____-____ **Military and Permanent Overseas only**
 EMAIL Email Address: _____ **Military and Permanent Overseas only**

I REQUEST AN ABSENTEE BALLOT BE SENT TO ME FOR: (mark only one)

6 The election(s) on the following dates: _____
 All Elections from today's date through the end of the current calendar year (ending 12/31).
 Every election subsequent to today's date. I further certify that I am indefinitely confined because of age, illness, infirmity or disability and request absentee ballots be sent to me until I am no longer confined or fail to return a ballot.

TEMPORARILY HOSPITALIZED VOTERS ONLY (please fill in circle)

7 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 **X** Agent Address _____

ASSISTANT DECLARATION / CERTIFICATION (if applicable)

I certify that the application is made on request and by authorization of the named elector, who is unable to sign the application due to physical disability.

Assistant Signature: **X** Today's Date: ____/____/20__

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 28 consecutive days immediately preceding this election, not currently serving a sentence including probation or parole for a felony conviction, and not otherwise disqualified from voting. **Please sign below to acknowledge that you have read and understand the above.**

Signature of Elector Requesting Absentee Ballot **X** Date (MM/DD/YYYY) ____/____/20__

GAB-121 (REV 9/2014). 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 PRESCRIBED BY THE GOVERNMENT ACCOUNTABILITY 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	County Supervisor District: 5 6 7 8 9 10			



Wisconsin Application for Absentee Ballot Instructions

Each section on the front side of this document corresponds to the section below (1-7)

General Instructions
Please Review Fully

This form should be submitted to your municipal clerk, unless directed otherwise.

This form should only be completed by registered voters; if you are not a registered voter or military elector, please submit a Voter Registration Application (GAB-131) with this form.

- | | |
|---|---|
| 1 | <ul style="list-style-type: none"> Indicated the municipality and county of residence. Use the municipality's formal name (For example: City of Plymouth, Village of Chenequa or Town of Aztalan). |
| 2 | <ul style="list-style-type: none"> Provide your name as you registered to vote in Wisconsin. If applicable, please provide your suffix (Jr., Sr., etc) and/or middle name. If your current name is different than how you are registered to vote, please submit a Voter Registration Application (GAB-131) with this form to update your information. Provide you month, day and year of birth. Remember to use your birth year, not the current year. Providing your telephone/fax number or email address allows election officials to contact you if there is a problem with your absentee application. |
| 3 | <ul style="list-style-type: none"> Provide your home address (legal voting residence) in Wisconsin. Provide the full house number (including fractions, if any). Provide your full street name, including the type (St, Ave, etc) and nay pre- and/or post-directional (N, S, etc). Provide the city name and ZIP code as it would appear on mail delivered to the home address. <u>You may not enter a PO Box as a voting residence. A rural route box without a number should not be used.</u> |
| 4 | <ul style="list-style-type: none"> A "Military elector" is a person, or the spouse or independent of a person who is a member of a uniformed service or the merchant marines, a civilian employee of the United States, a civilian officially attached to a uniformed service and serving outside the United States, or a Peace Corp volunteer. Military electors do not need to register to vote. Military electors will continue to receive ballots for all elections unless otherwise requested. A "Permanent Overseas elector" is a person who is a United States citizen, 18 years old or older, who resided in Wisconsin immediately prior to leaving the United States, who is now living outside the United States <u>and has no present intent to return</u>, who is not registered in any other location, or who is an adult child of a United States citizen who resided in this state prior to establishing residency abroad. Permanent Overseas electors will receive ballots for federal offices only and must be registered to vote prior to receiving a ballot. |
| 5 | <ul style="list-style-type: none"> Fill in the circle to indicated your preferred method of receiving your absentee ballot (mail, fax or email). If no preference is indicated, your absentee ballot will be mailed to your residence address listed in Box 3. You are encouraged to provide a physical mailing address as backup in case of electronic transmission difficulties. Only fill in the circle for your preferred means of transmission. If you are living in a nursing home, please provide the name of the facility. If someone will be receiving the ballot on your behalf, please list them after C/O. <u>Please note:</u> The absent elector is still required to vote their own ballot, although they may request assistance in physically marking the ballot. |
| 6 | <ul style="list-style-type: none"> Select the first option if you would like to receive a ballot for a single election or a specific set of elections. Select the second option if you would like to have a standing absentee request for any and all elections that may occur in a calendar year (ending December 31). Select the third option only if you are indefinitely confined due to age, illness, infirmity or disability and wish to request absentee ballots for all elections until you are no longer confined or fail to return a ballot for an election. |
| 7 | <ul style="list-style-type: none"> This section is only to be completed by an elector or the agent of an elector who is currently hospitalized. A hospitalized elector must certify that he or she cannot appear at the polling place on Election Day. An agent completing this form for a hospitalized elector must provide his/her name, signature and address on this application. |

Assistant Signature:

In the situation where the elector is unable to sign the Voter Declaration/Certification due to a physical disability, the elector may authorize another elector to sign on his or her behalf. Any elector signing an application on another elector's behalf shall attest to a statement that the application is made on request and by authorization of the named elector, who is unable to sign the application due to physical disability.

Voter Signature:

By signing and dating this form, you certify that you are a qualified elector, a U.S. citizen, at least 18 years old, having resided at your residential address for at least 28 consecutive days immediately preceding this election, not currently serving a sentence including probation or parole for a felony conviction, and not otherwise disqualified from voting.