

**APPLICATION FOR ABSENTEE BALLOT
CITY OF WAUPACA, 111 S. MAIN STREET**

Confidential Elector ID#		WisVote ID #	
Last Name (Please print clearly)			
First Name (Please print clearly)			Middle Name
Street Address		Waupaca WI 54981	
Date of Birth		Phone Number	
Address where absentee ballot should be sent to you, if different from above:			
Street Address		City, State and Zip Code	
Nursing Home Address:			
Street Address		City, State and Zip Code	
I Request and Absentee Ballot be sent to me for: (mark only one)			
<input type="radio"/> The election(s) on the following date(s): _____ <input type="radio"/> All elections from today's date through the end of the current calendar year (ending 12/31) <input type="radio"/> For indefinitely-confined voters only: I certify that I am indefinitely confined because of age, illness, infirmity or disability and request absentee ballots be sent to me automatically until I am no longer confined, or I fail to return a ballot, anyone who makes false statements in order to obtain an absentee ballot may be fined not more than \$1,000 or imprisoned not more than 6 months or both. Wis. Stats. §§12.13(3)(i), 12.60(1)(b)			
Temporarily Hospitalized Voters Only: (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 Wis. Stat. §§ 6.86(3)			
Agent Last Name		Agent First Name	Agent Middle Initial
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
Assistant Declaration / Certification: (if required)			
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.			
Agent Signature		X	Today's Date
Voter Declaration / Certification: (required for all voters)			
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.			
Voter Signature		X	Today's Date