		Wisconsin Application for Absentee Ballot Instructions
• Th	nis form should only	Please Review Fully This form should be submitted to your municipal clerk, unless directed otherwise. be completed by registered voters; if you are not a registered voter or military elector, please submit a Voter Registra- -131) with this form.
1		unicipality and county of residence. Use the municipality's formal name (For example: City of Plymouth, nequa, or Town of Aztalan).
2	or middle nam Registration A • Provide your r	name as you are registered to vote in Wisconsin. If applicable, please provide your suffix (Jr, Sr, etc.) and/ ne. If your current name is different than how you are registered to vote, please submit a Voter pplication (GAB-131) with this form to update your information. month, day and year of birth. Remember to use your birth year, not the current year. r telephone/fax number or email address allows elections officials to contact you if there is a problem with e application.
3	 Provide the fu Provide your f Provide the cit 	nome address (legal voting residence) in Wisconsin. Il house number (including fractions, if any). ull street name, including the type (St, Ave, etc.) and any pre– and/or post-directional (N, S, etc.). ty name and ZIP code as it would appear on mail delivered to the home address. <u>enter a PO Box as a voting residence</u> . A rural route box without a number should not be used.
4	merchant mar serving outsid electors will co • A "Permanent Wisconsin imr intent to returr in this state pr	ctor" is a person, or the spouse or dependent of a person who is a member of a uniformed service or the ines, a civilian employee of the United States, a civilian officially attached to a uniformed service and e the United States, or a Peace Corp volunteer. Military electors do not need to register to vote. Military pontinue to receive ballots for all elections unless otherwise requested. Overseas elector" is a person who is a United States citizen, 18 years old or older, who resided in mediately prior to leaving the United States, who is now living outside the United States <u>and has no present</u> and has no present by who is not registered in any other location, or who is an adult child of a United States citizen who resided ior to establishing residency abroad. Permanent Overseas electors will receive ballots for federal offices be registered to vote prior to receiving a ballot.
5	Overseas vote If no preference You are encour Please only fil If you are livin If someone wi	e to indicate your preferred method of receiving your absentee ballot. Only Military and Permanent ers may receive an absentee ballot by email or fax. Se is indicated, your absentee ballot will be mailed to your residence address listed in Box 3. Juraged to provide a physical mailing address as backup in case of electronic transmission difficulties. I the circle for your preferred means of transmission. g in a nursing home, please provide the name of the facility. Il be receiving the ballot on your behalf, please list them after C/O. <u>Please note:</u> The absentee elector I to vote their own ballot, although they may request assistance in physically marking the ballot.
6	 Select the second sec	t option if you would like to receive a ballot for a single election or a specific set of elections. ond option if you would like to have a standing absentee request for any and all elections that may occur year (ending December 31). d option only if you are indefinitely confined due to age, illness, infirmity or disability and wish to request ots for all elections until you are no longer confined or fail to return a ballot for an election.
7	 A hospitalized 	only to be completed by an elector or the agent of an elector who is currently hospitalized. elector must certify that he or she cannot appear at the polling place on Election Day. pleting this form for a hospitalized elector must provide his/her name, signature and address on this
Assi	istant 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
Vote	er 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.

GAB-121 | Rev 2011-12 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 | 608-261-2028 | web: gab.wi.gov | email: gab@wi.gov

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