APPLICATION for ABSENTEE BALLOT -CITY OF WAUPACA

Confidential Elector ID#		SVRS ID #
X		

*	Last Name		(Circle One) Jr. Sr. II III IV
	First Name	Middle	
*	Residential Address		
	City/Town		
	COUNTY	DATE OF BIRTH	PHONE NUMBER
*	***Address where absentee ballot should be sent to you, if different from above:***		
	City/Town	State	
*	**Nursing Home Address:**		
	City/Town	State	Zip Code

*	**ELECTIONS**		
			I request that an absentee ballot be sent to me for the elections I have listed below:
			Primary Date / **Election Date**
			I certify that I am indefinitely confined because of age, illness, infirmity or disability, and request an absentee ballot be sent to me for every subsequent election until I am no longer confined or fail to return a ballot for an election.

*	If you are a military or overseas elector, fill in the appropriate circle (see instructions for definitions): ○ Military ○ Overseas
○	**Hospitalized Voter Information: Only for those electors who are *not* indefinitely confined; please fill in the circle.** 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), WI Stats:
	Agent Middle Name
	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 plac
	Agent Signature / Agent Address
	Witness: I certify that I am a resident of this absentee elector's municipality, and that the statements contained in the application are true to the best of my knowledge.
	Witness Signature:
	Witness Address:
*	**Signature of Elector** **Date:**

ALD. DIST.	WARD	SCH. DIST.	CTY SUPR.	CT OF APP	Assembly	St. Senate	Congress	Other
		6195		14th	40th	14th	8th	