Will The Supreme Court Become Liberal For Generations?

The Balance Is In Your Hands

Complete Your Absentee Ballot by Mail Application Today!
THE BALANCE OF THE SUPREME COURT IS IN YOUR HANDS

A Liberal Court Would
× Allow Frivolous Lawsuits
× Remove Second Amendment Rights
× Fail To Uphold Family Values

A Conservative Court
✓ Protects Personal Freedoms
✓ Stimulates Businesses and Jobs
✓ Promotes Fairness and Limits Government Power

TO PROTECT AMERICAN VALUES, VOTE REPUBLICAN!
**Wisconsin Application for Absentee Ballot**

**Confidential Elector ID**

(HNDL - sequential #) (Official Use Only)

**WisVote ID #**

(Official Use Only)

**Ward No.**

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**Instructions**

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

- You must be registered to vote before you can receive an absentee ballot. You can confirm your voter registration at [https://myvote.wi.gov](https://myvote.wi.gov)

⚠️ PHOTO ID REQUIRED, unless you qualify for an exception. See instructions on back for exceptions.

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**VOTER INFORMATION**

<table>
<thead>
<tr>
<th>Municipality</th>
<th>County</th>
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<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
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<th>Middle Name</th>
<th>Suffix (e.g. Jr., ll, etc.)</th>
<th>Date of Birth</th>
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<th>Phone</th>
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<thead>
<tr>
<th>Residence Address: Street Number &amp; Name</th>
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Apt. Number | City | State & ZIP |
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4. If you are a military or permanent overseas voter, fill in the appropriate circle (see instructions for definitions):

- Military
- Permanent Overseas

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**I PREFER TO RECEIVE MY ABSENTEE BALLOT BY:**

- [ ] MAIL
- [ ] VOTE IN CLERK’S OFFICE
- [ ] FAX
- [ ] EMAIL

**Mailing Address:** Street Number & Name

**Apt. Number** | **City** | **State & ZIP**
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**Care Facility Name (if applicable)**

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**Fax Number**

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<th>Email Address</th>
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**I REQUEST AN ABSENTEE BALLOT BE SENT TO ME FOR:** (mark only one)

- The election(s) on the following date(s):
- 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.

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**TEMPORARILY HOSPITALIZED VOTERS ONLY** (please fill in 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 Wis. Stat. § 6.86(3).

**Agent Last Name** | **Agent First Name** | **Agent Middle Name**
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**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** | **Agent Address**
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**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**

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<th>Today’s Date</th>
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**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 10 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**

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<th>Today’s Date</th>
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Wisconsin Application for Absentee Ballot

Confidential Elector ID # (Redacted - sequential # (Official Use Only))  WisVote ID # (Official Use Only)  Ward No.

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VOTER INFORMATION

1. Municipality
   - Town
   - Village
   - City
   County

2. Last Name  First Name

3. Middle Name

4. Suffix (e.g., Jr., Sr., etc.)

5. Date of Birth (MM/DD/YYYY)

6. Phone

7. Fax

8. Email

9. Residence Address: Street Number & Name

10. Apt. Number

11. City

12. State & ZIP

13. If you are a military or permanent overseas 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. Absentee ballots may not be forwarded.)

- MAIL
- Mailing Address: Street Number & Name

- VOTE IN CLERK'S OFFICE
- Apt. Number
- City
- State & ZIP
- Care Facility Name (if applicable)
- C/O (if applicable)

- FAX
- Fax Number

- EMAIL
- Email Address

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Voter Signature  Today's Date
For most voters absentee applications must be received by mail by 5:00 p.m. on the Thursday prior to the election.
Absentee Ballot by Mail Application is as easy as 1, 2, 3.

1. Fill out your absentee ballot application completely
2. Place a first class stamp on the application
3. Drop your application in the mail

Review the instructions for ID requirements