

APPLICATION for ABSENTEE BALLOT -TOWN FARMINGTON

Confidential Elector ID#		SVRS ID #
X		
*	Last Name	(Circle One) Jr. Sr.
	First Name	Middle
	II III IV	
*	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
o	Hospitalized Voter Information: Only for those electors who are <i>not</i> 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	

