

**CITY OF MILWAUKEE APPLICATION FOR ABSENTEE BALLOT**  
Please return this form to the City of Milwaukee Election Commission  
200 East Wells Street, Room 501, Milwaukee, WI 53202  
414-286-3491 / FAX 414-286-8445

YOU MUST BE REGISTERED TO VOTE AT YOUR CURRENT CITY OF MILWAUKEE ADDRESS IN ORDER TO RECEIVE AN ABSENTEE BALLOT.

**REQUIRED INFORMATION**

\_\_\_\_ Voter Declaration: I certify that I am a qualified elector, a U. S. Citizen, at least 18 years old, having resided at the below residential address for at least 28 days immediately preceding this election, not currently serving a sentence including probation or parole for a felony conviction, and not otherwise disqualified from voting.

**SECTION 1: SELECT REQUESTED ELECTION DATES**

Mark the election(s) that you are requesting to receive an absentee ballot:

\_\_\_\_ **SPRING PRIMARY, FEBRUARY 21, 2012**      \_\_\_\_ **SPRING ELECTION, APRIL 3, 2012**  
\_\_\_\_ **FALL PRIMARY, AUGUST 14, 2012**      \_\_\_\_ **FALL GENERAL ELECTION, NOVEMBER 6, 2012**  
\_\_\_\_ **2012 RECALL ELECTION(S)**

OR, YOU MAY REQUEST THAT AN ABSENTEE BALLOT BE SENT FOR EVERY ELECTION BY CERTIFYING THE FOLLOWING:

\_\_\_\_ 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.

**SECTION 2: VOTER INFORMATION**

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Date of Birth (MM/DD/YY) \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Residence Address \_\_\_\_\_ Apt. Number \_\_\_\_\_  
CITY OF MILWAUKEE      STATE OF WISCONSIN      Zip Code \_\_\_\_\_

*If mailing address is different than above address, send ballot to:*

Your Name or name of person to send ballot in care of: \_\_\_\_\_  
Nursing Home Name (If Applicable) \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Apt. Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

 **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SECTION 3: MARK IF YOU ARE A \_\_\_\_\_ MILITARY OR \_\_\_\_\_ OVERSEAS ELECTOR (INDEFINITELY AWAY)**

**BALLOT DELIVERY INSTRUCTIONS FOR ACTIVE MILITARY AND OVERSEAS (INDEFINITELY AWAY) VOTERS ONLY**

I prefer to receive my absentee ballot by: \_\_\_\_\_ MAIL \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL  
FAX NUMBER (with area code): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EMAIL: \_\_\_\_\_

**NOTE:** While ballots may be sent to voters by mail, fax or email, an application with the original signature, the completed ballot and accompanying Certificate Envelope must be RETURNED BY MAIL OR DELIVERED to the City of Milwaukee Election Commission.