



Hospitalized Absentee Ballot Request

Note: In order to receive an absentee ballot, you must be a registered elector. If you are not yet registered, you can register through your agent.

I request an absentee ballot for the election held on: _____

Name (please print) _____

Residence Address _____

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), Wis. Stats:

Agent Name (please print) _____

Agent Address _____

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.

Signature of Agent ✕ _____

WITNESS: I certify that I am a resident of this absentee elector's municipality, and that the statements contained in this application are true to the best of my knowledge.

Witness Name (please print) _____

Witness Address _____

Signature of Witness ✕ _____

Signature of Elector ✕ _____

Return to: Madison City Clerk
City-County Building Room 103
210 Martin Luther King, Jr., Blvd
Madison, WI 53703