

# Hospitalized Absentee Ballot Request

You must be registered to vote at your residence address. If you are not yet registered, you can register through your agent.

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I request an absentee ballot for the election held on: \_\_\_\_\_

Name (please print) \_\_\_\_\_

Residence Address \_\_\_\_\_  
\_\_\_\_\_

**Signature of Elector ✕** \_\_\_\_\_

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 ✕** \_\_\_\_\_

Return to your municipal clerk