



# Hospitalized Absentee Ballot Request (May Be Made Not Earlier Than 7 Days Before An Election)

You must be registered to vote at your current address. If you are not yet registered, you can register through your agent (see reverse).

## 1. VOTER

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

Voter Name (please print): \_\_\_\_\_ Voter DOB \_\_\_\_\_

Voter Address: \_\_\_\_\_, Kenosha, WI.

Signature of Voter X \_\_\_\_\_ Date \_\_\_\_\_

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 § 6.86(3), Wis. Statutes:

Agent Name (please print): \_\_\_\_\_

Agent Address: \_\_\_\_\_

**2. AGENT 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.

Signature of Agent X \_\_\_\_\_

## 3. AGENT (TO BE COMPLETED AT CLERK'S OFFICE PRIOR TO RECEIVING BALLOT)

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 Name (Please Print) \_\_\_\_\_

Signature of Agent X \_\_\_\_\_

### FOR OFFICE USE ONLY

VOTER REGISTRATION REQUIRED (Y/N) \_\_\_\_ (SEE REVERSE IF REQUIRED)

VOTER PHOTO ID PROVIDED \_\_\_\_ AGENT PHOTO ID CHECKED \_\_\_\_ INITIALS \_\_\_\_

**Return To:** Kenosha City Clerk, 625 52<sup>nd</sup> St. - Room 105  
**-OR - Email To:** [elections@kenosha.org](mailto:elections@kenosha.org)

## **Hospitalized Absentee Voter Not Registered**

If a hospitalized voter is not registered, the voter may register by agent at the same time that the voter applies for an absentee ballot. To register, the agent will submit a completed voter registration application along with acceptable proof of residence.

If the voter is unable to sign the voter registration application due to a physical disability, an assistant may do so on the voter's behalf. That assistant must provide his or her signature and address in the space provided (voter registration application - section 12). By signing, the assistant certifies that he or she signed the form at the voter's request.

### **Proof of Residence**

These documents constitute proof of residence if they contain the voter's current and complete first and last name and residential address, and are valid on the day used to register to vote. Electronic versions are also acceptable.

- A WI Driver License / ID Card, if not expired or canceled. May be used even if driving privileges have been revoked.
- Any other official identification card or license issued by a Wisconsin governmental body or unit.
- An employee ID card with a photograph, but not a business card.
- A real property tax bill or receipt for the current year or the year preceding the date of the election.
- A residential lease (Does not count as proof of residence if elector submits form by mail).
- A picture ID from a university, college or technical college coupled with a fee receipt or an on-campus housing listing provided by the university, college or technical college to the municipality that denotes US Citizenship.
- A utility bill for the period commencing not earlier than 90 days before the day registration is made.
- (Homeless voters only) A letter from an organization that provides services to the homeless that identifies the voter and describes the location designated as the person's residence for voting purposes.
- A contract or intake document prepared by a residential care facility indicating that the occupant resides in the facility.
- A bank statement; A paycheck; A check or other document issued by a unit of government.