ABSENTEE CERTIFICATE

Last Name		First Name	M	ddle Initial
Street Address - include street number	er or fire number and name of street, or rura	ll route and box number.	<u></u> <u>.</u>	
Municipality		Check type of municipality: Town Village City	Ward No.	County
State	Zip Code	Date of Election (month, day, year)		
presence of no other person marks	ed the hallot and enclosed and sealed t	he same in this envelope in such a manner that no one but myselt and	d anv person renderin	g assistance under s 6.87(5). Wis State if I
requested assistance, could know l	how I voted.	he same in this envelope in such a manner that no one but myself and	d any person renderin	g assistance under s.6.87(5), Wis. Stats., if I
presence of no other person marke requested assistance, could know I I further certify my birthdate is		ectors.)	d any person renderin	
requested assistance, could know I I further certify my birthdate is I, the undersigned witness, subject	(To be filled in by military and overseas elect to the penalties of s.12.60(1)(b), Wis. S		Signature of the voting procedu	of Elector are was executed as there stated. I am not a
requested assistance, could know I I further certify my birthdate is I, the undersigned witness, subject	(To be filled in by military and overseas elect to the penalties of s.12.60(1)(b), Wis. S	CERTIFICATION OF WITNESS Stats., for false statements, certify that the above statements are true a	Signature of the voting procedu	of Elector are was executed as there stated. I am not a

	,	
THIS ENVELOPE TO BE USED BY VOTER FOR RET	TURN OF MARKED BALLOT TO MUNICIPAL C	LERK.
FROM:		
ABS	SENT VOTER'S BA	ALLOT
CLERK SENDING OUT ABSENT VOTER'S BALLO	T WILL INSERT HIS/HER OWN OFFICIAL RE	TURN ADDRESS HERE:
TO:	•	•
	•	•

EB-122 flap side (6/00)
To be printed on flap side of certificate envelope.