

|                                                                                                                                                                                                          |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                      |          |                                                  |                                              |                                            |                           |                                 |          |     |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------|----------|--------------------------------------------------|----------------------------------------------|--------------------------------------------|---------------------------|---------------------------------|----------|-----|-------|
| <div>Qualifications</div> <div>please check each box if <u>YOU</u>:</div>                                                                                                                                | 1             | If you cannot check <b>every</b> box, do <b>NOT</b> complete this form <div><div><input type="checkbox"/> Are a citizen of the United States</div><div><input type="checkbox"/> Will be at least 18 years old on or before Election Day</div><div><input type="checkbox"/> Have resided at the address provided below for at least 28 consecutive days prior to the election and do not currently intend to move</div><div><input type="checkbox"/> Are not currently serving a sentence including incarceration, parole, probation, or extended supervision for a felony conviction</div></div>                                                  |            |                      |          |                                                  |                                              |                                            |                           |                                 |          |     |       |
| <div>Your Name</div>                                                                                                                                                                                     | 2             | Last _____ Suffix (Jr., II, etc.) _____<br>First _____ Middle _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                      |          |                                                  |                                              |                                            |                           |                                 |          |     |       |
| <div>About You</div> <div>phone number and email are optional</div>                                                                                                                                      | 3             | Date of Birth (MM/DD/YYYY)<br>____/____/____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                      |          | Phone Number (____) _____<br>Email Address _____ |                                              |                                            |                           |                                 |          |     |       |
| <div>The Address Where You Live</div> <div>your residential voting address, which cannot be a P.O. Box</div> <div>if you do not have a street address, please use the map on the back of this form</div> | 4             | Street Address _____ Apt/Room # _____<br>City/Town/Village of _____ WI Zip _____<br>Mailing Municipality (if different) _____<br>Are you military or permanent overseas voter? <input type="checkbox"/> Military <input type="checkbox"/> Permanent Overseas                                                                                                                                                                                                                                                                                                                                                                                      |            |                      |          |                                                  |                                              |                                            |                           |                                 |          |     |       |
| <div>Your Mailing Address</div> <div>if different from above</div>                                                                                                                                       | 5             | Street Address (or P.O. Box) _____<br>City/State/Country/Zip _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                      |          |                                                  |                                              |                                            |                           |                                 |          |     |       |
| <div>Prior Registration Information</div> <div>complete this field if you are updating your registration due to a change in name or address</div>                                                        | 6             | Full Name on Previous Registration _____<br>Full Address on Previous Registration (if known) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                      |          |                                                  |                                              |                                            |                           |                                 |          |     |       |
| <div>Identification</div> <div>(check the box that applies to you)</div> <div>WI Driver License or ID number required if unexpired and valid. SSN required if DL/ID not valid or never issued</div>      | 7             | <div><input type="checkbox"/> I have an unexpired and valid WI Driver License or WI DOT issued ID. Provide number and expiration date below<br/>____-____-____-____-____-____-____-____-____-____ Expiration Date ____/____/____</div> <div><input type="checkbox"/> I do not have a valid WI Driver License or WI DOT issued ID<br/>Provide the last four digits of your Social Security Number XXX-XX-____-____</div> <div><input type="checkbox"/> I have neither a valid WI Driver License/ID nor a Social Security Number (see back for more information and next steps)</div>                                                               |            |                      |          |                                                  |                                              |                                            |                           |                                 |          |     |       |
| <div>Proof of Residence</div> <div>military and permanent overseas voters are <u>not</u> required to provide proof of residence</div>                                                                    | 8             | <div><input type="checkbox"/> Voters must provide a proof of residence document when registering to vote. Please check this box to affirm that you are providing a copy of a valid form of proof of residence with this application</div> <div>Examples include: a copy of a valid and unexpired Wisconsin Driver License or ID Card, a utility bill, a paycheck/pay stub, or correspondence from a unit of government (see back of application for additional information and examples)</div>                                                                                                                                                    |            |                      |          |                                                  |                                              |                                            |                           |                                 |          |     |       |
| <div>Signature and Certification</div>                                                                                                                                                                   | 9             | By signing below, I hereby certify that, to the best of my knowledge, <b>I am a qualified elector</b> , having resided at the above residential address for at least 28 consecutive days immediately preceding this election, that I have no present intent to move, and I have not voted in this election. I also certify that I am not otherwise disqualified from voting and that all statements on this form are true and correct. If I have provided false information, I may be subject to fine or imprisonment under State and Federal laws<br><div><div>X _____<br/>Voter Signature</div><div>____/____/____<br/>Today's Date</div></div> |            |                      |          |                                                  |                                              |                                            |                           |                                 |          |     |       |
| Falsification of information on this form is punishable under Wisconsin law as a Class I felony                                                                                                          |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                      |          |                                                  |                                              |                                            |                           |                                 |          |     |       |
| <div>Assistant</div> <div>if someone assisted you by signing this form, they must complete this section</div>                                                                                            | 10            | X _____<br>Assistant Signature Assistant Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                      |          |                                                  |                                              |                                            |                           |                                 |          |     |       |
| This Section for Official Use Only                                                                                                                                                                       |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                      |          |                                                  |                                              |                                            |                           |                                 |          |     |       |
| Proof of Residence Type                                                                                                                                                                                  | WI DL         | WI ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | UTIL       | BANK/CC              | PYCK     | STDNT ID                                         | GOV DOC                                      | LSE                                        | GOV ID                    | EMPL ID                         | RES CARE | TAX | HMLSS |
| Proof of Residence Issuing Entity                                                                                                                                                                        |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | Proof of Residence # |          |                                                  | Date Complete/POR Received<br>____/____/____ |                                            | Election Day Voter Number |                                 |          |     |       |
| WisVote ID # _____<br>Confidential Elector ID # _____                                                                                                                                                    |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                      |          |                                                  |                                              | <input type="checkbox"/> Submitted by Mail |                           | X _____<br>Official's Signature |          |     |       |
| Ward                                                                                                                                                                                                     | Sch. District | Alder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Cty. Supr. | Ct. Of App.          | Assembly | St. Senate                                       | Congress                                     |                                            |                           |                                 |          |     |       |

1

- If you did not check **every** box in this section, you are **not** eligible to vote in Wisconsin. **Do not complete this form.**

2

- Provide your current and complete name. Please provide your name as it appears on your WI driver license or state-issued ID card (Box 7), if applicable, and the proof of residence document you provided in Box 8.

3

- Provide your month, day, and year of birth.
- Providing your phone number and/or email address is optional and is subject to open records requests. This information may be used by your municipal clerk to contact you about your voter record or absentee ballot request.

4

- Provide your home address (legal voting residence) in Wisconsin.
- Provide your full street name, including the type (St, Ave, etc.) and any pre- and/or post-directional (N, S, etc.).
- You may not enter a PO Box as a residential address. A rural route box without a number should not be used.
- A “military elector” is a person, or the spouse or dependent of a person who is a member of a uniformed service or merchant marine, a civilian officially attached to a uniformed service and serving outside the United States, or a Peace Corp volunteer. Military electors are not required to register as a prerequisite to voting at any election.
- A “permanent overseas elector” is a US citizen, at least 18 years old, who does not qualify as a resident of this state, but who either last lived in this state, or whose parent last lived in this state immediately prior to the parent’s departure from the United States, and who is not registered to vote in any other state.

If you do not have a street number or address, please use this map to show where you live.

If you are a homeless voter and are registering to vote, please also provide a letter from an organization that provides services to the homeless that:

- Lists your name
- Describes the location designated as your residence for voting purposes

Example

N

Library

Marmoset Drive

High School

X

N

5

- If your mailing address is different from your home address, provide it here. A PO Box is acceptable as a mailing address. Overseas electors should provide their complete overseas address here.

6

- Provide full previous name if changed and/or previous address if you have been registered to vote anywhere in the U.S.

7

- If you have a valid and unexpired WI driver license or WI DOT ID: provide that number. If you do not know your number, please call (608) 266-2353 to get it.
- If you have an expired, canceled, suspended, or revoked WI driver license or WI DOT ID: you **must** provide the last four digits of your Social Security number. In addition, you may also provide the number on your license or ID (optional).
- If you have never been issued a WI driver license or WI DOT ID: provide the last four digits of your Social Security number.
- If you do not have a WI driver license or WI DOT ID nor a Social Security Number: please check the appropriate box.

If you are registering to vote on Election Day and have been issued a WI driver license or ID, but are unable or unwilling to provide the number, your vote will not be counted unless you provide the number to the election inspectors by 8:00 p.m. on Election Day or to your municipal clerk by 4:00 p.m. the Friday following Election Day.

8

**All proof of residence documents must contain voter’s current name and address.**

- 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
- 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/intake document prepared by a residential care facility indicating that the occupant resides in the facility
- A bank/credit card statement
- A paycheck or pay stub
- A check or other document issued by a unit of government

**Proof of residence documents may be provided in an electronic format.**

10

**Assistant:** If you are unable to sign this form due to a physical disability, you may have an assistant do so on your behalf. That assistant must provide his or her signature and address in the space provided. By signing, the assistant certifies that he or she signed the form at your request.

Do you need any accommodations at your polling place (e.g., curbside voting)? If so, please describe:

Please indicate if you are interested in being a poll worker