

Application for Absent Voter's Ballot by Confined Voter or a Voter *print clearly* With a Personal Illness, Physical Disability, or Infirmary

R.C. 3509.08 (A)

Voter Name
Required

1 First _____ Middle _____
Last _____ Suffix _____

Date of Birth
Required

2 Date of Birth (*Do not write today's date here*) _____

Address at Which you are Registered to Vote
Required

3 Street Address (*No P.O. Boxes*) _____ County _____
City/Village _____ ZIP _____

Identification
Required

You must provide ONE of the following.

4 Your Ohio driver's license number (*2 letters followed by 6 numbers*) _____ **OR**
 Last four digits of your Social Security number _____ **OR**
 Copy of a current and valid photo identification, military identification, or a current (within the last 12 months) utility bill, bank statement, government check, paycheck or other government document (other than a notice of voter registration mailed by a board of elections) that contains your name and current address.

Election
Required

You must complete a separate application for each election.

5 Date of Election (*Do not write today's date here*) _____
 General Election **Special Election**
 Primary Election For a PARTISAN primary election only, you must choose the type of ballot:
 Political party ballot Name of Political Party _____ Issues only ballot

Reason
Required
Select only ONE.

6 I am unable to travel from my home or place of confinement because of the following illness, physical disability or infirmity: _____
 I am confined in a jail or workhouse

Please Deliver my Ballot as Follows
Required
Select only ONE.

7 My voting residence listed above; **OR**
 My present place of confinement in this county:
Name of Facility _____
Street Address (*No P.O. Boxes*) _____
City/Village _____ County _____ ZIP _____

Method of Ballot Delivery
Required
Select only ONE.

8 Deliver my ballot by mail; **OR**
 Deliver my ballot by county board of elections staff.

Affirmation
Required

9

- I wish to have an absentee ballot delivered to me at the address listed above.
- I understand this request must be received by my board of elections no later than noon on the Saturday before Election Day.
- I understand that if an absentee ballot is delivered to me and I change my mind and go to my polling place to vote on Election Day, I will be required to vote a provisional ballot that cannot be counted until at least 11 days after Election Day.
- I understand that, if I do not provide the required information, this application cannot be processed.
- **I hereby declare, under penalty of election falsification, that I am a qualified elector and the statements above are true.**

Signature of Voter X _____
Today's Date _____

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.