

APPLICATION FOR ABSENT VOTER'S BALLOT

PLEASE PRINT OR TYPE (See Instructions at Bottom of Page)

Send Ballot to:

(if different from home address)

Voter's Name _____

Name _____

Home Address _____

care of/PO Box _____

City, Village, Office _____

Address _____

County _____ **Zip Code** _____

City _____ **State** _____ **Zip Code** _____

You must provide your birthdate: _____ / _____ / _____ **and one of the following:**
(month) (day) (year)

- Your Ohio driver's license number _____, or
- The last four digits of your social security number _____, or
- Copy of a current and valid photo identification, a military identification, or a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or other government document (other than a voter registration notification mailed by a board of elections) that shows your name and current address.

I wish to vote in the following election to be held on _____.
(month-date-year of election)

Check ONLY one (A separate application must be completed for each type of election):

1. Primary Election:

- Constitution Libertarian Nonpartisan or issues only
- Democratic Republican
- Green Socialist

2. General Election

3. Special Election

I wish to have a ballot mailed to me at the address listed above. I understand that if a ballot is mailed to me and I change my mind and appear at my polling place to vote on Election Day, I will be required to vote a provisional ballot that can not be counted until at least 10 days after the election.

I hereby declare, under penalty of election falsification, I am a qualified voter and the statements above are true to the best of my knowledge and belief. I understand that if I do not provide the requested information, my application cannot be processed.

X _____
Signature of Voter

Date Signed

Voluntary: To assist the board of elections in contacting you in a timely manner if your application is incomplete:

Your daytime telephone number (____) _____ Your e-mail address _____

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

INSTRUCTIONS

Chapter 3509. of the Revised Code of Ohio

1. Use of this form is optional. To be valid, your application must include your name, voting residence address, date of birth, and signature; the election for which the ballot is requested and, if a partisan primary election, your political party affiliation; statement you are a qualified elector in the county; and one of the following: your Ohio drivers license number, the last four digits of your social security number, or a copy of your current and valid photo identification, a military identification, or a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or other government document (other than a voter registration notification mailed by a board of elections) that shows your name and address.
2. An application by mail must be received by your county board of elections by noon on the third day before the election. An application by you in person must be received by the close of regular board office hours the day before the election. Applications for persons who are hospitalized or for persons whose minor child is hospitalized due to an accident or unforeseeable medical emergency will be accepted until 3 p.m. on Election Day.
3. When you receive your ballot: If you return your ballot by mail, it must be postmarked* no later than the **day before** Election Day and received by your county board of elections no later than 10 days after the election. If you return your ballot in person or if a near relative delivers it to the board for you, it must be delivered to your county board of elections no later than the close of polls on Election Day. If you are a voter outside of the United States on Election Day, the ballot envelope must be signed or postmarked before the close of polls and received by the board no later than 10 days after Election Day.

*Postmarked does not include a date marked by a postage evidence system such as a postage meter.