

Application for Absent Voter's Ballot by a Voter With a Personal Illness, Physical Disability, or Infirmary and an Unreported Change of Address and/or Name

print clearly

R.C. 3503.16(G), 3509.02(B)

Current Voter Name Required **1** First _____ Middle _____
Last _____ Suffix _____

Check All That Apply **2** I am currently registered to vote in Ohio:
 Under a different name. Former legal name _____
 At a different address. Former address _____

Address at Which you Currently Reside Required **3** Street Address (No P.O. Boxes) _____ County _____
City/Village _____ ZIP _____

Date of Birth Required **4** Date of Birth (Do not write today's date here) _____

Identification Required **5**
You must provide ONE of the following.
 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 **6** 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

Please Deliver my Ballot as Follows and Complete Statement Required **7**
Select only ONE.
 I am unable to vote in person because of personal illness, physical disability, or infirmity. Please deliver my ballot to me as follows:
 My current address listed above; **OR**
 My present place of confinement in this county:
 Name of Facility _____ Room # _____
 Street Address (no P.O. boxes) _____ County _____
 City/Village _____ ZIP _____
 Admission Date (if applicable) _____
 Telephone Number _____

Method of Ballot Delivery Required **8**
Select only ONE.
 Deliver my ballot by mail; **OR**
 Deliver my ballot by two county board of elections staff.

Affirmation Required **9**

- I wish to have a provisional/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 a provisional/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, my application cannot be processed.
- I declare, under penalty of election falsification, I am a citizen of the United States, will have lived in this state for 30 days immediately preceding the next election, and will be at least 18 years of age at the time of the next general election.
- **I hereby declare, under penalty of election falsification, that I am a qualified elector and the statements above are true.**

 Signature X _____
 Today's Date _____
 Former Name (if applicable) _____
 Former Signature X _____

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