 BOE Use Only: Prec.#_____ Stub#_____ App.#_____

Prec. Name_____

APPLICATION FOR ABSENT VOTER'S BALLOT

PLEASE PRINT OR TYPE (See Instructions at Bottom of Page R.C. 3509.03)

Voter's Name _____

Home Address _____

City, Village, Office _____

County _____**Zip Code** _____

Send Ballot to: (if different from home address – not required if voting in-office)

Name _____

care of/PO Box _____

Address _____

City_____ State_____ Zip Code_____

I. You must provide your birth date: _____/_____/_____
(month) (day) (year)

II. <u>AND</u> you must provide <u>ONE</u> of the following:

- ☐ Your Ohio driver's license number (begins with two letters followed by six numbers)_____, 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 notice of voter registration mailed by a board of elections) that shows your name and current address.

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

III. Check ONLY one <u>election</u> (A separate application must be completed for each type of election):

1. ☐ **Primary Election:** (for primary elections, select the type of ballot you are requesting):
   - ☐ Party:_____ (Name of political party)
   - ☐ Nonpartisan or issues only
2. ☐ **General Election**
3. ☐ **Special Election**

I wish to vote my ballot in-office or have mailed to me at the address listed above. I understand that if I'm issued a ballot 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 11 days after the election.

I hereby declare, under penalty of election falsification, I am a qualified elector 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**

Recommended: 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. An application by mail must be received by your county board of elections by noon on the third 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 (Form 11-B) will be accepted until 3 p.m. on Election Day.

2. If you return your ballot by mail, it must be received by your board of elections by 7:30 p.m. on Election Day or 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 received by your county board of elections no later than the close of polls on Election Day. If you are a member of the uniformed services or a voter outside of the United States on Election Day, the ballot must be submitted for mailing not later than 12:01 a.m. on the date of the election 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.