

# Absentee Ballot Application

## IN-COUNTY or OUT-OF-COUNTY Non-ADA Hospitalization Due to an Accident or Unforeseeable Medical Emergency That Occurred after 12:00 p.m. (noon) on the Saturday before Election Day and before 3:00 p.m. on Election Day

R.C. 3509.08(B)

**Full Name** **1** Required

First \_\_\_\_\_ Middle \_\_\_\_\_

Last \_\_\_\_\_ Suffix \_\_\_\_\_

**Date of Birth** **2** Required

Date of Birth **Do not write today's date here.** | M | M | / | D | D | / | Y | Y | Y | Y |

**Address at Which you are Registered to Vote** **3** Required

Street Address \_\_\_\_\_ **No P.O. Boxes** County \_\_\_\_\_

City/Village \_\_\_\_\_ ZIP \_\_\_\_\_

**Reason** **4** Required

*Select only ONE.*

I am confined in the hospital listed below as a result of an accident or unforeseeable medical emergency; **OR**

My minor child is confined in the hospital listed below as a result of an accident or unforeseeable medical emergency.

**Please Deliver my Ballot as Follows** **5** Required

*Select only ONE.*

Hospital located **in my county of residence**:

I request that two election officials deliver my ballot to me at the hospital named below; **OR**

I request that the family member named below deliver my ballot to me at the hospital.

Name of family member \_\_\_\_\_ Relationship to voter\* \_\_\_\_\_

Hospital located **outside my county of residence** (if you have a disability under the ADA, use form 11-B-2):

I request that the family member named below deliver my ballot to me at the hospital; **OR**

Name of family member \_\_\_\_\_ Relationship to voter\* \_\_\_\_\_

I request to receive the ballot by mail at the hospital.

\* "Family member" means the voter's: spouse, father, mother, father-in-law, mother-in-law, grandfather, grandmother, brother, sister, son, daughter, stepparent, stepchild, uncle, aunt, nephew or niece.

**Hospital Information / Where to Deliver Ballot** **6** Required

Name of Hospital \_\_\_\_\_ Room # \_\_\_\_\_

Admission Date \_\_\_\_\_ County \_\_\_\_\_

Hospital Street Address \_\_\_\_\_ State/ZIP \_\_\_\_\_

City/Village \_\_\_\_\_ Phone \_\_\_\_\_

**Identification** **7** Required

*You must provide ONE of the following.*

Your Ohio driver's license number (2 letters followed by 6 numbers) | | | | | | | |

Last four digits of your Social Security number | # | # | # | # |

Copy of a current and valid photo identification, military identification, or a current (within the last 12 months) utility bill, bank statement, government check, 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** **8** Required

*You must complete a separate application for each election.*

Date of Election **Do not write today's date here.** | M | M | / | D | D | / | Y | Y | Y | Y |

**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

**Affirmation** **9** Required

- I wish to receive an absentee ballot via the method marked above.
- I understand this request must be received by my board of elections no later than 3 p.m. on Election Day.
- I understand that if an absentee ballot is mailed or 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 hereby declare, under penalty of election falsification, that I am a qualified elector and the statements above are true.

**Signature X** **or mark if unable to sign**

\_\_\_\_\_  
 Today's date | M | M | / | D | D | / | Y | Y | Y | Y |

To assist the board of election in contacting you in a timely manner if your application is incomplete, please provide the following information.

Telephone Number (#|#|#)-|#|#|#-|#|#|#| E-mail Address \_\_\_\_\_@\_\_\_\_\_

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