

APPLICATION FOR ABSENT VOTER'S BALLOT BY VOTER REQUIRING ASSISTANCE

R.C. 3509.08 (A)

Voter's Name _____

Voting Residence Street Address _____

City, Village, or Post Office _____

County _____ Zip Code _____

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

- Your Ohio driver's license number _____, **or**
(begins with two letters followed by six numbers)
- The 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 shows your name and current address.

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

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

1. **Primary Election**
(If you checked primary election, select the type of ballot):
 Party _____ Issues only
2. **General Election**
3. **Special Election**

Check one:

- I am unable to mark my ballot without assistance because of the following described illness, physical disability or infirmity: _____
- I am confined in a jail or workhouse

Please have two election officials deliver my ballot to me at (check ONE):

- my voting residence listed above; or
- my present place of confinement in this county:

_____,
(Name of facility)

_____,
(Street name and number – Room number)

_____, OH _____
(City or Village) (Zip Code)

I understand this request must be received by my county board of elections by mail no later than noon the third day before the date of the election listed above.

I hereby declare, under penalty of election falsification, that 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 _____ X _____
(Signature of Voter) (Date Signed)

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