Form No. 11-B-2 Prescribed by the Secretary of State (11-16)

print clearly

Absentee Ballot Application—Voter with a Disability

OUT-OF-COUNTY 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); Directive 2016-43

1 Full Name
Required

First _____ Middle _____

Last _____ Suffix _____

2 Date of Birth
Required

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

3 Address at Which you are Registered to Vote
Required

Street Address No P.O. Boxes County

City/Village ZIP

4 Reason
Required

Select only ONE.

☐ I have a disability, and I am confined in the hospital listed below as a result of 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*; ***OR***

☐ My minor child has a disability and is confined in the hospital listed below as a result of 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*.

5 Please Deliver my Ballot as Follows
Required

Select only ONE.

* "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 located **outside my county of residence**:

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

Name of family member Relationship to voter* ; ***OR***

☐ I request to receive the ballot by mail at the hospital; ***OR***

☐ I request that my county board of elections provide the reasonable accommodation of sending my ballot via fax or e-mail to the Ohio county board of elections in the county of my hospitalization. Two election officials from the board of elections in the county of my hospitalization will deliver my ballot to me at the hospital named below.

6 Hospital Information / Where to Deliver Ballot
Required

Name of Hospital Room Number

Admission Date County

Hospital Street Address State/ZIP

Phone number where I can be reached

7 Identification
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.

8 Election
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

9 Affirmation
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 with a qualifying disability under the Americans with Disabilities Act, the requested reasonable accommodation is necessary in order for me to cast a ballot, and all the statements above are true.**

Signature X or mark if unable to sign

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

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