

APPLICATION BY RELATIVE FOR UNIFORMED SERVICES OR OVERSEAS ABSENT VOTER'S BALLOT

R.C. 3511.02(C)

This completed form must be delivered in person or by mail to the board of elections. It may not be e-mailed or faxed.

I, _____, residing at _____,
(Printed name of relative) (Street and number, or rural route number)

_____ hereby apply to have an absent voter's ballot
(City or Village, State and Zip Code)

mailed, e-mailed, or faxed to _____, a qualified elector who is:
(Name of uniformed services or overseas voter)

- a uniformed services voter
- an overseas voter

His/her voting residence is: _____,
(Street and Number, or Rural Route Number) (City or Village and Zip Code)

The voter has resided at that residence for _____, immediately preceding the voter's
(Length of time)
commencement of service or departure from the United States.

I am the _____ of the person to whom the ballot is to be sent.
(Relationship to uniformed services or overseas voter)

Uniformed Services or Overseas voter's birth date: _____ / _____ / _____
(month) (day) (year)

One of the Uniformed Services or Overseas voter's following forms of ID:

- Ohio driver's license number (begins with two letters followed by six numbers) _____, **or**
- The last four digits of the voter's 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 the voter's name and current address.

The voter wishes to vote in 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
(Name of political party)
2. **General Election**
3. **Special Election**

Mail the Ballot to: _____ **or, Fax Ballot to:** _____ **or,**
(Area Code) (Fax Number)

E-mail Ballot to: _____

I declare, under penalty of election falsification, the above statements are true, to the best of my knowledge and belief. I understand that if I do not provide the requested information, this application cannot be processed.

X _____
(Signature of Relative) (Date Signed)

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