

Application for Provisional Ballot by Voter With A Personal Illness, Physical Disability, or Infirmary

This form applies only to an individual who had his or her voter registration cancelled in 2011, 2013, or 2015 under the Supplemental Process, and who otherwise satisfies the requirements found in Directive 2016-39 and Directive 2016-41.

Current Full Name
Required

1

First _____ Middle _____
Last _____ Suffix _____

Date of Birth
Required

2

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

Current Address of Residence
Required

3

Street Address *No P.O. Boxes* _____ County _____
City/Village _____ ZIP _____

Address at Which you Would Like the Provisional Ballot Delivered by Two Elections Officials
Required

4

Street Address *No P.O. Boxes* _____ County _____
City/Village _____ ZIP _____

Identification
Required

You must provide ONE of the following.

5

- 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
Required

You must complete a separate application for each election.

6

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
Required

7

- I wish to receive a provisional ballot delivered to me by two election officials at the address listed above.
- I understand that the county located in boxes three and four above must be the same, and further, that this county in boxes three and four must be the same county as listed in my most recent voter registration.
- I understand this request must be received by my board of elections no later than noon on the Saturday before 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 have a personal illness, physical disability, or infirmity and that I am unable to cast a ballot in-person during absentee voting or on Election Day.**

Signature X _____ *or mark if unable to sign*

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