

IDENTIFICATION ENVELOPE
STATEMENT OF VOTER
R.C. 3509.04, 3511.05

I, _____, declare under penalty of election
(Printed Name of Voter)
falsification that the within ballot or ballots contained no voting marks of any kind when I received them, and that I caused the ballot or ballots to be marked, enclosed in the identification envelope, and sealed in the envelope.

I am a qualified elector of the state and **my voting residence** in Ohio is:

(Street Address)

(City or Village and Zip)

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**

In lieu of providing either of the above numbers, I am enclosing a **COPY** of one of the following in the return (outside) envelope in which this identification envelope will be mailed: 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 my name and current address.

Election at which I am voting (check which election, and if a primary election, specify which ballot you have returned):

Check ONLY one:

1. **Primary Election** (for primary elections, select type of ballot):

Party _____ Nonpartisan or issues only

2. **General Election** _____
(year)

3. **Special Election** _____
(month and year)

I hereby declare, under penalty of election falsification, that the statements above are complete and true to the best of my knowledge and belief.

X _____
SIGNATURE OF VOTER

Date Signed

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

On the back of this envelope, the following words shall be printed:

Important: Your voted ballot must be **sealed**
in this envelope for your ballot to be counted.