

**IDENTIFICATION ENVELOPE
VOTER STATEMENT
FOR DISABLED VOTER AIDED BY ELECTION OFFICIALS IN MARKING BALLOTS
R.C. 3509.08**

I, _____, hereby declare under penalty of election falsification
(Printed Name of Voter)

that the within ballot or ballots contained no voting marks of any kind when I received them, that they were marked with help from the two Election Officials from the Board of Elections who delivered them to me, and that the ballot or ballots were enclosed and sealed in the identification envelope without anyone other than the two Election Officials being permitted to see how they are marked. I am a qualified elector.

My voting residence is:

(Street and Number, or Rural Route and Number)

(City or Village and Zip Code)

You must provide your birth date: ____/____/____
month day year

AND you must provide ONE of the following:

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:**
 Party _____ Nonpartisan or issues only

2. **General Election** 3. **Special Election**

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

We, _____ and _____,
(Name of Election Official) (Name of Election Official)

hereby declare under penalty of election falsification that the above named voter, to whom we delivered Disabled Absent Voter Ballot(s), declared to us that he/she was unable to mark his/her ballot(s) properly, and that we did assist him/her in marking the ballot(s). The voter was not solicited or advised by us to vote for or against any candidate or any question or issue, and we have given and shall give no further information in regard to this matter.

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.