

Identification Envelope

print clearly

Statement of Voter

For Disabled Voter Aided by Election Officials in Marking Ballot

R.C. 3509.04, .08

I, _____, declare under penalty of election falsification that the ballot contained within
(Printed Name of Voter)

this envelope had no voting marks of any kind when I received it, and that it was marked with help from the two election officials from the board of elections who delivered them to me, and that the ballot was enclosed and sealed in the identification envelope without anyone other than the two election officials being permitted to see how it is marked. I am a qualified elector of the state.

Address at Which you are Registered to Vote

1

Street Address (No P.O. Boxes) _____ County _____

City/Village _____ ZIP _____

If I have a confidential voter registration record, I am providing my program participant identification number instead of the address at which I am registered to vote.

Date of Birth

2

Date of Birth (Do not write today's date here) _____

Identification

3

Your Ohio driver's license number (2 letters followed by 6 numbers) _____

Last four digits of your Social Security number _____

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.

You must provide ONE of the following.

Election

4

Date of Election (Do not write today's date here) _____

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

5

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

Signature X _____

Today's Date _____

Election Official Use ONLY

6

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

under penalty of election falsification that the above-named voter, to whom we delivered an absent voter ballot, declared to us that he or she was unable to mark the ballot properly, and that we did assist the above-named voter in marking the ballot. We did not solicit or advise the voter to vote for or against any candidate or any question or issue, and we will not disclose any information about this ballot.

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.