

Office Use Only	
Precinct/Portion	
Application #	
Ballot #	

print clearly

Absentee Ballot Application

R.C. 3509.03

Voter Name
Required

1 First _____ Middle _____
Last _____ Suffix _____

Date of Birth
Required

2 Date of Birth (do not write today's date here) _____ MM/DD/YYYY

Address at Which you are Registered to Vote
Required

3 Street Address (no P.O. boxes) _____ County WOOD
City/Village _____ ZIP _____

Mailing Address
Required only if you wish to have your ballot mailed to a different address than the address at which you're registered to vote.

4 Street Address (or P.O. box) _____
City/Village _____
State _____ ZIP _____

Identification
Required

You must provide ONE of the following.

5 Your Ohio driver's license number (2 letters followed by 6 numbers) _____ OR
 Last four digits of your Social Security number _____ OR
 Copy of a current and valid photo identification, 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 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) _____ MM/DD/YYYY

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

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- I wish to have an absentee ballot mailed to me at the address listed above.
- I understand this request must be received by my board of elections no later than noon on the Saturday before Election Day if by mail or by 2 p.m. the day before the election if in person.
- I understand that if an absentee ballot is mailed to me and I change my mind and go to my polling place to vote on Election Day, I will be required to vote a provisional ballot that cannot be counted until at least 11 days after 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 am a qualified elector and the statements above are true.

Signature X _____

Today's Date _____ MM/DD/YYYY

To assist the board of election in contacting you in a timely manner if your application is incomplete, please provide the following information.

Telephone Number _____ E-mail Address _____

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