

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

**7**

- 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.**