

APPLICATION FOR ABSENT VOTER'S BALLOT BY VOTER REQUIRING ASSISTANCE

R.C. 3509.08 (A)

Voter's Name _____

Voting Residence Street Address _____

City, Village, or Post Office _____

County _____ Zip Code _____

You must provide your birth date: _____ / _____ / _____ and one of the following:
(month) (day) (year)

- Your Ohio driver's license number _____, **or**
(located left hand side, middle of card beginning with two letters)
- The last four digits of your Social Security number _____, **or**
- Copy of a current and valid photo identification, military identification, or a current (within 12 months) utility bill, bank statement, government check, paycheck, or other government document (other than a voter registration notification mailed by a board of elections) that shows your name and current address.

I wish to vote at the following election: (A separate application must be completed for each election.)

1. **Primary Election** (for primary elections, select the type of ballot): _____
(month and year)
 Party _____ Nonpartisan or issues only
2. **General Election** _____ (year)
3. **Special Election** _____ (month and year)

I am unable to mark my ballot without assistance because of the following described illness, physical disability or infirmity: _____

Please have two election officials deliver my ballot to me at (check ONE):

- my voting residence listed above; or
- my present place of confinement in this county:

(Name of facility)

(Street name and number – Room number)

_____, OH _____
(City or Village) (Zip Code)

I understand this request must be received by my county board of elections by mail no later than noon the third day before the date of the election listed above or by 6 p.m. the last Friday before the election if delivered in person.

I hereby declare, under penalty of election falsification, that I am a qualified voter and the statements above are true to the best of my knowledge and belief. I understand that if I do not provide the requested information, my application cannot be processed.

X _____
(Signature of Voter)

X _____
(Date Signed)

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