



Absentee Ballot Application

R.C. 3509.03

please print clearly

1) Your name

First: _____ Middle: _____
 Last: _____ Suffix: _____

2) Your contact information *(recommended)*

Contact information will be used by the board of elections to contact you in a timely manner if your application is incomplete.

Telephone Number: _____ Email: _____

3) Your date of birth: / /

4) Your home address at which you are registered to vote *(no P.O. Boxes or polling place addresses)*

Street Address: _____
 City: _____ County: _____ State: OH ZIP: _____

5) The address where you receive mail *(if different than above)*

Street Address *(or P.O. Box)*: _____
 City: _____ State: _____ ZIP: _____

6) Your identification

Provide ONE of the following:

A. Write in the last four digits of your Social Security number:

B. Write in your Ohio driver license number *(2 letters followed by 6 numbers)*:

C. A 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 shows your name and current address.

7) Election in which you would like to vote *(you must complete a separate application for each election)*

Date: / /

X General Election

8) Affirmation

- I understand that, per Ohio law, the board of elections must receive this request no later than noon on the Saturday before Election Day. To account for possible delivery delay, return the application to the board of elections at least seven days before the election.
- 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.
- I understand that if I do not provide the board with all of 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: / /

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

MAKE AMERICA GREAT AGAIN, AGAIN!

9) I am interested in serving as a poll worker on Election Day. *(optional)* **Yes** **No**