

Application by Relative for Uniformed Services or Overseas Absent Voter's Ballot

R.C. 3511.02(C)

This completed form must be delivered in person or by mail to the board of elections. It may not be e-mailed or faxed.

Voter Name
Required

1 First _____ Middle _____
Last _____ Suffix _____

Voter Date of Birth
Required

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

Address at Which Voter is Registered to Vote
Required

3 Street Address (*No P.O. Boxes*) _____ County _____
City/Village _____ ZIP _____
Length of time voter, or parent or legal guardian, has resided at this address immediately before commencing service or departing U.S. _____

Voter Identification
Required

You must provide ONE of the following.

4 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.

5 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

Please Deliver the Ballot as Follows
Required
Select only **ONE**.

6 Mail the ballot to: _____
 Fax the ballot to: (*area code and fax number*) _____
 E-mail the ballot to: _____

Requestor Information
Required

* "Family member" means the voter's: spouse, father, mother, father-in-law, mother-in-law, grandfather, grandmother, brother, sister, son, daughter, stepparent, stepchild, uncle, aunt, nephew or niece.

7 I am requesting this ballot on behalf of a qualified voter who is:
 a uniformed services voter, **OR** an overseas voter.
Name of family member _____ Relationship to Voter* _____
Street Address (*No P.O. Boxes*) _____ County _____
City/Village _____ ZIP _____

Affirmation
Required

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- The uniformed serviced or overseas voter wishes to have an absentee ballot mailed to him/her at the address listed above.
- I and the uniformed serviced or overseas voter understand this request must be received by the board of elections no later than noon on the Saturday before Election Day.
- The voter understands that if an absentee ballot is mailed to him/her and he/she changes his/her mind and goes to the polling place to vote on Election Day, he/she 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, this application cannot be processed.
- **I hereby declare, under penalty of election falsification, that the voter is a qualified elector and the statements above are true to the best of my knowledge and belief.**

Signature of Relative X _____
Today's Date _____

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