

# Absentee Ballot Application

## IN-COUNTY or OUT-OF-COUNTY Non-ADA Hospitalization Due to an Accident or Unforeseeable Medical Emergency That Occurred After 12:00 p.m. (noon) on the Saturday Before Election Day and Before 3:00 p.m. on Election Day

R.C. 3509.08(B)

**Voter Name**  
Required

**1** First \_\_\_\_\_ Middle \_\_\_\_\_  
Last \_\_\_\_\_ Suffix \_\_\_\_\_

**Date of Birth**  
Required

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

**Address at Which you are Registered to Vote**  
Required

**3** Street Address (No P.O. Boxes) \_\_\_\_\_ County \_\_\_\_\_  
City/Village \_\_\_\_\_ ZIP \_\_\_\_\_

**Reason**  
Required  
Select only ONE.

**4**  I am confined in the hospital listed below as a result of an accident or unforeseeable medical emergency; **OR**  
 My minor child is confined in the hospital listed below as a result of an accident or unforeseeable medical emergency.

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

**5** Hospital located **in my county of residence**:  
 I request that two election officials deliver my ballot to me at the hospital named below; **OR**  
 I request that the family member named below deliver my ballot to me at the hospital.  
Name of family member \_\_\_\_\_ Relationship to Voter\* \_\_\_\_\_

Hospital located **outside my county of residence** (If you have a disability under the ADA, use form 11-B-2):  
 I request that the family member named below deliver my ballot to me at the hospital; **OR**  
Name of family member \_\_\_\_\_ Relationship to Voter\* \_\_\_\_\_  
 I request to receive the ballot by mail at the hospital.

**Hospital Information / Where to Deliver Ballot**  
Required

**6** Name of Hospital \_\_\_\_\_ Room # \_\_\_\_\_  
Admission Date \_\_\_\_\_ County \_\_\_\_\_  
Hospital Street Address \_\_\_\_\_ ZIP \_\_\_\_\_  
City/Village \_\_\_\_\_ Phone \_\_\_\_\_

**Identification**  
Required

**7**  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.

You must provide ONE of the following.

**Election**  
Required

**8** 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

You must complete a separate application for each election.

**Affirmation**  
Required

**9**

- I wish to receive an absentee ballot via the method marked above.
- I understand this request must be received by my board of elections no later than 3 p.m. on Election Day.
- I understand that if an absentee ballot is mailed or delivered 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 \_\_\_\_\_

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.**