

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.