

Fill out your vote-by-mail application below.

Absentee Ballot Application

print clearly

R.C. 3509.03

Voter Name Required

1

First _____

Middle _____

Last _____

Suffix _____

Date of Birth Required

2

Date of Birth (do not write today's date here) _____

MM/DD/YYYY

Address at Which You Are Registered to Vote Required

3

Street Address (no P.O. Boxes) _____

County _____

City/Village _____

ZIP _____

Mailing Address

Required only if you wish to have your ballot mailed to a different address from the address at which you're registered to vote.

4

Street Address (or P.O. Box) _____

City/Village _____

State _____ ZIP _____

Identification Required

You must provide ONE of the following.

5

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.

6

Date of Election (do not write today's date here) 8/03/2021 MM/DD/YYYY

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 Democrat

Issues only ballot

Affirmation Required

7

- I wish to have an absentee ballot mailed to me at the address listed above.
- I understand this request must be received by my Board of Elections no later than noon on the Saturday before Election Day if by mail or by 2:00 p.m. the day before the election if in person.
- 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 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 _____ MM/DD/YYYY

To assist the Board of Elections 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.