

APPLICATION FOR ABSENTEE VOTER'S BALLOT

PLEASE PRINT OR TYPE. COMPLETE SECTIONS 1 - 4.

(SEE INSTRUCTIONS AT BOTTOM OF PAGE)

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

1. PERMANENT RESIDENT ADDRESS

VOTER'S NAME _____

HOME ADDRESS _____

CITY, VILLAGE, OFFICE _____

COUNTY _____

ZIP CODE _____

1A. MAILING ADDRESS (IF DIFFERENT)

CARE OF OR PO BOX _____

STREET ADDRESS _____

CITY, VILLAGE _____

STATE _____

ZIP CODE _____

2. IDENTIFICATION

PLEASE PROVIDE THE FOLLOWING REQUIRED INFORMATION

BIRTH DATE: _____ | _____ | _____
MONTH DAY YEAR

AND **ONE** OF THE FOLLOWING A, B, OR C:

A. YOUR OHIO DRIVERS LICENSE _____, OR

B. THE LAST FOUR (4) DIGITS OF YOUR SOCIAL SECURITY NUMBER _____, OR

C. COPY OF A CURRENT AND VALID PHOTO IDENTIFICATION, A MILITARY IDENTIFICATION, OR A CURRENT (WITHIN THE LAST 12 MONTHS) UTILITY BILL, BANK STATEMENT, GOVERNMENT CHECK, PAYCHECK, OR OTHER GOVERNMENT DOCUMENT (OTHER THAN A VOTER REGISTRATION NOTIFICATION MAILED BY A BOARD OF ELECTIONS) THAT SHOWS YOUR NAME AND CURRENT ADDRESS.

FOR BOARD USE ONLY

date stamp

VOLUNTARY: TO ASSIST THE BOARD OF ELECTIONS IN CONTACTING YOU IN A TIMELY MANNER IF YOUR APPLICATION IS INCOMPLETE.

DAYTIME PHONE NUMBER _____ EMAIL ADDRESS _____

3. ELECTION INFORMATION AND PARTY AFFILIATION

I WISH TO VOTE IN THE FOLLOWING ELECTION : _____
DATE OF ELECTION

CHECK ONLY ONE (A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH ELECTION.)

TYPE OF ELECTION: (CHECK ONE)

FOR PRIMARY ELECTION ONLY: (CHECK ONE)

GENERAL ELECTION

PARTY* _____

PRIMARY ELECTION

(*If this box is checked,
the line must be
filled in with the party
of your choice.)

SPECIAL ELECTION

NONPARTISAN/ISSUES ONLY

4. SIGNATURE

I WISH TO HAVE A BALLOT MAILED TO ME AT THE ADDRESS LISTED ABOVE. I UNDERSTAND THAT IF A BALLOT IS MAILED TO ME AND I CHANGE MY MIND AND APPEAR AT MY POLLING PLACE TO VOTE ON ELECTION DAY, I WILL BE REQUIRED TO VOTE A PROVISIONAL BALLOT THAT CAN NOT BE COUNTED UNTIL AT LEAST 10 DAYS AFTER THE ELECTION.

I HEREBY DECLARE UNDER PENALTY OF ELECTION FALSIFICATION, I AM A QUALIFIED VOTER AND THE STATEMENTS INCLUDED WITHIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT IF I DO NOT PROVIDE THE REQUESTED INFORMATION, MY APPLICATION CANNOT BE PROCESSED.

X _____
SIGNATURE OF VOTER DATE

INSTRUCTIONS

Chapter 3509. of the Revised Code of Ohio

1. An application by mail must be received by your county board of elections by noon on the third day before the election. An application by you in person must be received by your board of elections by 6 p.m. the last Friday before the election. Applications for persons who are hospitalized or for persons whose minor child is hospitalized due to an accident or unforeseeable medical emergency (Form 11-B) will be accepted until 3 p.m. on Election Day.

2. If you return your ballot by mail, it must be received by your board of elections by 7:30 p.m. on Election Day or postmarked* no later than the day before Election Day and received by your county board of elections no later than 10 days after the election. If you return your ballot in person, or if a near relative delivers it to the board for you, it must be received by your county board of elections no later than the close of polls on Election Day. If you are a member of the uniformed services or a voter outside of the United States on Election Day, the ballot must be submitted for mailing not later than 12:01 a.m. on the date of the election and received by the board no later than 10 days after Election Day.

*Postmarked does not include a date marked by a postage evidence system such as a postage meter.

Return Application to:
Richland County Board of Elections
1495 West Longview Avenue, Suite 101
Mansfield, Ohio 44906
Phone: 419.774.5530
Website: www.richlandcountyoh.us/boe.htm