

**APPLICATION FOR ABSENT VOTER'S BALLOT UNDER R.C. 3503.16
BY VOTER WITH UNREPORTED CHANGE OF ADDRESS AND/OR NAME**

R.C. 3503.16(G), R.C. 3509.02(B), R.C. 3509.08(A)

Voter's current name: _____

I am currently registered to vote in Ohio (check all that apply):

- At a different address Under a different name (Please enclose a copy of proof of legal name change such as a marriage license or a court order).

I am unable to appear at the board of elections office to update my Ohio voter registration because of the following described personal illness, physical disability, or infirmity _____.

Address at which you currently reside:

Street Address _____

City, Village, or Post Office _____

County _____ Zip Code _____

You must provide your birth date, _____ / _____ / _____, **and one of the following:**
(Month) (Day) (Year)

- Your Ohio driver's license number _____, **or**
(begins with two letters followed by six numbers)
- The 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 shows your name and current address.

I wish to vote in the election to be held on _____.
(month-date-year of election)

Check ONLY one election (A separate application must be completed for each election):

1. **Primary Election**
(If you check primary election, select the type of ballot):
 Party _____ Issues only
(Name of political party)
2. **General Election**
3. **Special Election**

Complete the following statement only if it applies to you:

I am unable to mark my ballot without assistance because of the illness, physical disability or infirmity described above. Please have two election officials deliver my ballot to me at (check ONE):

- my current voting residence listed above; or
- my present place of confinement in this county:

(Name of facility)

(Street name and number – Room number)

_____ OH _____
(City or Village) (Zip Code)

I understand this request must be received by my county board of elections no later than noon the third day before the date of the election listed above.

I hereby declare, under penalty of election falsification, that I am a qualified elector and the statements above are true to the best of my knowledge and belief. I have moved or had a change of name on or prior to the day before the election. I understand that if I do not provide the requested information, my application cannot be processed.

X _____ **X** _____
(Signature of Voter) (Date Signed)

If applicable, your former name, _____, and signature _____

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