

# Application to Vote by Mail

PLEASE PRINT OR TYPE

<b>For Board Use Only:</b>
Application #: _____
Precinct: _____
School District: _____

Registered Voting Name and Address Here

Mailing Address  
Send ballot to: (if different than home address)

**Voter's Name:** \_\_\_\_\_

**Voter's Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Care of / PO Box:** \_\_\_\_\_

**City or Village:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**County:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone number / Email Address** \_\_\_\_\_

**You must provide your birthdate:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**Month Day Year**

**And one of the following:**

**Please Choose One**

The last four numbers of your Social Security Number 

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 , OR

Your Ohio driver's license number 

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 , OR  
(PLEASE NOTE: YOUR DRIVER'S LICENSE NUMBER BEGINS WITH 2 LETTERS AND ENDS WITH 6 NUMBERS. THE NUMBER ABOVE YOUR DRIVER'S LICENSE PICTURE IS NOT VALID FOR VOTING PURPOSES.)

**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 voter registration notification mailed by a board of elections) that shows your name and current address.

<b>Check ONLY one</b> (A separate application must be completed for each election):	<b>Date of the Election:</b> ____ / ____ / ____
1. <input type="checkbox"/> <b>Primary Election</b> (for primary elections, select the type of ballot)	
<input type="checkbox"/> <b>Party:</b> _____	<input type="checkbox"/> <b>Nonpartisan or issues only</b>
2. <input type="checkbox"/> <b>General Election</b>	
3. <input type="checkbox"/> <b>Special Election</b>	

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 above 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**

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

**Please return application to:**  
Tuscarawas County Board of Elections  
P.O. Box 69  
New Philadelphia, OH 44663