

APPLICATION FOR ABSENT VOTER'S BALLOT BY VOTER HOSPITALIZED, or WHOSE MINOR CHILD IS HOSPITALIZED, BECAUSE OF AN ACCIDENT OR UNFORESEEABLE MEDICAL EMERGENCY R.C. 3509.08

Voter's Name \_\_\_\_\_

Voting Residence Street Address \_\_\_\_\_

City, Village, or Post Office \_\_\_\_\_

County \_\_\_\_\_ Zip Code \_\_\_\_\_

You must provide your birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ month day year

AND you must provide ONE of the following:

[ ] Your Ohio driver's license number: \_\_\_\_\_, OR (located left hand side, middle of card beginning with two letters)

[ ] The last four digits of your social security number: \_\_\_\_\_, OR

[ ] In lieu of providing either of the above numbers, I am enclosing a COPY of one of the following in the return (outside) envelope in which this identification envelope will be mailed: a current and valid photo identification, a military identification, or a current (within 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 my name and current address.

Election at which I am voting (check which election, and if a primary election, specify which ballot you are requesting):

1. Primary Election: \_\_\_\_\_ (year)

- [ ] Constitution [ ] Libertarian [ ] Democratic [ ] Republican [ ] Green [ ] Socialist [ ] Nonpartisan or issues only

2. [ ] General Election \_\_\_\_\_ (year)

3. [ ] Special Election \_\_\_\_\_ (month and year)

Please check ONE of the following reasons:

- 1. [ ] I am confined in a hospital as a result of an accident or unforeseeable medical emergency. Please deliver my ballot to me as follows (check ONE): [ ] by having two election officials deliver my ballot to me at the hospital; or [ ] by allowing the family member\* listed below to deliver my ballot to me at the hospital.

I understand this request must be received by my board of elections no later than 3 p.m. on Election Day.

- 2. [ ] My minor child, \_\_\_\_\_, is confined in a hospital as a result of an accident or (Name of minor child)

unforeseeable medical emergency. Please deliver my ballot to me as follows (check ONE):

- [ ] by having have two election officials deliver my ballot to me at the hospital; or [ ] by allowing the family member\* listed below to deliver my ballot to me at the hospital.

I understand this request must be received by my board of elections no later than 3 p.m. on election day.

\* "Family member" means the voter's: spouse, father, mother, father-in-law, mother-in-law, grandfather, grandmother, brother, sister, son, daughter, stepparent, stepchild, uncle, aunt, nephew or niece.

Name of Hospital \_\_\_\_\_ Date of Admission \_\_\_\_\_

Hospital Address \_\_\_\_\_ Hospital Tel. No. ( \_\_\_\_\_ ) \_\_\_\_\_

If requesting ballot to be delivered to voter by family member: I request that \_\_\_\_\_ (Name of Family Member\* - see above)

who is my \_\_\_\_\_, deliver my ballot to me at the hospital. (Relationship to Voter)

I hereby declare, under penalty of election falsification, that 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)

X \_\_\_\_\_ (Date Signed)