

**APPLICATION BY RELATIVE  
FOR ARMED SERVICE ABSENT VOTER BALLOT**  
R.C. 3511.02(C)

I, \_\_\_\_\_, residing at \_\_\_\_\_  
Printed name of relative Street and number, or rural route number

\_\_\_\_\_ hereby apply to have Armed Service Absent  
City or Village, State and Zip code

Ballot mailed or faxed to \_\_\_\_\_, a qualified elector who is serving in the  
Name of Armed Services Voter

Armed Forces of the United States or is absent from Ohio for the purpose of being with or near his/her spouse or parent who is serving in the Armed Forces. His/her voting residence is:

\_\_\_\_\_, \_\_\_\_\_, Ohio, \_\_\_\_\_.  
Street and Number, or Rural Route Number City or Village Zip code

The voter has resided at that residence for \_\_\_\_\_, immediately preceding the  
Length of time

commencement of the voter's service or the date of leaving to be with or near a service member spouse or parent.

I am the \_\_\_\_\_ of the person to whom the ballots are to be sent.  
Relationship to armed services voter

**You must provide the armed services voter's birthdate:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **and one of the following:**  
month day year

- The Ohio driver's license number \_\_\_\_\_, **or**
- The last four digits of his/her social security number \_\_\_\_\_, **or**
- Copy of a current and valid photo identification, a military identification, a current 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 the name and home address of the armed services voter.

**The armed services member wishes to vote in the following election to be held on** \_\_\_\_\_.  
Date of Election

**Check one:**

**1. Primary Election**

- Democratic
- Republican
- Nonpartisan or issues only

**2. General Election**

**3. Special Election**

**Mail the Ballots to:**

**Fax Ballots to:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Area Code Fax Number

**I declare, under penalty of election falsification, the above statements are true, to the best of my knowledge and belief. I understand that if I do not provide the requested information, this application cannot be processed.**

X \_\_\_\_\_  
Signature of Relative

\_\_\_\_\_  
Date Signed