

APPLICATION FOR ARMED SERVICE ABSENT VOTER'S BALLOT

R.C. 3511.02(A)

Use of this form by applicant is optional; however, your signed application must contain all the information requested below.

I, _____, a qualified elector, hereby apply for an Armed Services Absent
(Printed name of voter)

Voter Ballot. My qualifying voting residence address in Ohio is:

_____, Ohio, _____.
(Street and Number, or Rural Route Number) (City or Village) (Zip code)

I lived in Ohio for _____ immediately preceding the commencement of my military service or
(Length of time)

immediately before I left Ohio to be with or near my military service member spouse or parent.

What is your birth date? (required) _____ / _____ / _____
(month) (day) (year)

Identification in the form of ONE of the following must be provided below or accompany this application:

- 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**
- Copy** of a current and valid photo identification, a military identification, or a current (within one year) 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 of the state militia member for whom the absent voter ballot is requested.

In which election do you wish to vote?

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

1. **Primary Election:** _____
(year)

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Constitution | <input type="checkbox"/> Libertarian |
| <input type="checkbox"/> Democratic | <input type="checkbox"/> Republican |
| <input type="checkbox"/> Green | <input type="checkbox"/> Socialist |
| | <input type="checkbox"/> Nonpartisan or issues only |

2. **General Election** _____ 3. **Special Election** _____
(year) (month and year)

Mail ballot to:

Or, Fax ballot to:

(Fax Number, including area code and/or country code)

I hereby declare, under penalty of election falsification, I am a qualified uniformed services voter as defined in federal law (42 U.S.C. 1973ff-6) 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 Signed)

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