



# Application for Absent Voter's Ballot by a Voter With a Disability & Request to Use Remote Ballot Marking System

R.C. 3509.03; 3505.24; 42 U.S.C. § 12101 et seq.

please print clearly

**1) Your name**

First: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Last: \_\_\_\_\_ Suffix: \_\_\_\_\_

**2) Your contact information** *(recommended)*

Contact information will be used by the board of elections to contact you in a timely manner if your application is incomplete.

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**3) Your home address at which you are registered to vote** *(no P.O. Boxes or polling place addresses)*

Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**4) Your date of birth:** \_\_\_\_\_

**5) Your identification**

Provide at least **ONE** of the following:

- A. Write in the last four digits of your Social Security number: \_\_\_\_\_
- B. Write in your Ohio driver license number or state ID card number: \_\_\_\_\_
- C. A **COPY** of a different form of current photo identification (a driver license, state ID card, or interim ID form issued by the Ohio BMV; a US passport or passport card; or a US military ID card, Ohio National Guard ID card, or US Department of Veterans Affairs ID card). The copy of the photo ID must include images of the front and back, except for a passport which must include the passport's identification page.

**6) Election in which you would like to vote** *(you must complete a separate application for each election)*

- November General Election**       **Special Election**      Date: \_\_\_\_\_  
 **Primary Election**      Date: \_\_\_\_\_

If a primary election is selected, indicate the type of ballot you would like to receive by selecting **ONE** of the following:

- Democratic       Libertarian       Republican       Issues Only

**Important:** *If selecting a partisan ballot in a primary election, the ballot will include all questions and issues which the voter is eligible to vote.*

**7) Delivery of ballot** *(you do not need to state your qualifying disability)*

- Check this box if the following statement is true: I have a qualifying disability under the Americans with Disabilities Act and want to mark my ballot using the remote ballot marking system provided by my county board of elections in order to mark my ballot independently. Deliver my ballot to me at the following email address:  
 Email: \_\_\_\_\_

**8) Delivery of Identification Envelope/Statement of Voter and Return Envelopes**

After marking your ballot using the remote ballot marking system, you need to print your ballot, enclose it with your identification envelope/statement of voter, and return it to your county board of elections. Your county board of elections will mail an identification envelope/statement of voter and a return envelope to you.

- If you want the envelopes mailed to an address that is different from the address at which you are registered to vote, please provide that address below.**

Street Address *(or P.O. Box)*: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**9) Affirmation**

- I understand that, per Ohio law, the board of elections must receive this request no later than the close of business seven days before Election Day.
- I understand that if an absentee ballot is mailed to me and I change my mind and go to my polling place to vote on Election Day, I will be required to vote a provisional ballot.
- I understand that if I do not provide the board with all of the required information, my application cannot be processed.
- I hereby declare, under penalty of election falsification, that I am a qualified elector and the statements above are true.

**Signature X** \_\_\_\_\_ Today's Date: \_\_\_\_\_

**10) I am interested in serving as a poll worker on Election Day.** *(optional)*     Yes     No

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

## TO ENSURE YOUR ABSENTEE BALLOT REQUEST IS RECEIVED, PLEASE DO THE FOLLOWING:

- Check that all applicable fields are complete.
- If requesting a ballot for a primary election, and you wish to vote in a party's primary election, make sure you have checked your desired party. If you do not wish to affiliate with a party or to vote in their primary, choose "Issues Only."
- Sign and date your form.
- Mail or return the completed form to your county board of elections. A drop box may be available outside the office of your county board of elections.
- For your county's board of elections address, please visit [VoteOhio.gov/boards](https://VoteOhio.gov/boards).
- If you have additional questions, please call the office of the Ohio Secretary of State at (877) SOS.OHIO (877.767.6446).

## NEXT STEPS

- Once your board of elections receives your absentee ballot request, the board will process your request and mail your ballot to your address.
- You can track your request and your ballot online at [VoteOhio.gov/track](https://VoteOhio.gov/track).
- If you return your absentee ballot by mail, it must be postmarked no later than the day before Election Day and received by your county board of elections no later than four days after the election. By state law, a postmark does not include a date marked by a postage evidence system such as a postage meter.
- If you are returning your absentee ballot in person to your board of elections, you must do so by 7:30 p.m. on Election Day.
  - Only you, your spouse, child, or a near relative\* may deliver your ballot to the board of elections for you.
  - A disabled voter may select any person of their choosing to deliver their ballot, other than their employer or an officer in their union.
  - The person delivering the ballot for a family member or disabled voter must complete an attestation form at the county board of elections office (Form 12-P).
- If you are a member of the uniformed services or a voter outside of the United States, ballots must be received by the fourth day after the election. Sign your identification envelope by the close of polls on Election Day or return in person by 7:30 p.m. on Election Day.

**You must complete this form yourself unless you are unable to do so due to disability, illiteracy or blindness.**

*\*Near relative includes the voter's spouse or the voter's father, mother, father-in-law, mother-in-law, grandfather, grandmother, brother, or sister of the whole or half blood, or the son, daughter, adopting parent, adopted child, stepparent, stepchild, uncle, aunt, nephew, or niece.*