

**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 (B)

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**
(begins with two letters followed by six numbers)
- The last four digits of your Social Security number: _____, **or**
- A copy of a current and valid photo identification, a military identification, or a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or other government document (other than a notice of voter registration mailed by a board of elections) that shows your name and current address.

I wish to vote in the election to be held on _____.
(month-date-year of election)

Check ONLY one election:

- 1. **Primary Election**
(If you checked primary election, select the type of ballot):
 Party _____ Issues only

2. **General Election**

3. **Special Election**

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 _____ Room number _____ 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 elector 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)

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