

**APPLICATION BY RELATIVE
FOR UNIFORMED SERVICES OR OVERSEAS ABSENT VOTER'S BALLOT**

R.C. 3511.02(C)

This completed form must be delivered in person or by mail to the board of elections. It may not be e-mailed or faxed.

I, _____, residing at _____,
(Printed name of relative) (Street and number, or rural route number)
_____ hereby apply to have an absent voter's ballot
(City or Village, State and Zip code)

mailed, e-mailed, or faxed to _____, a qualified elector who is:
(Name of uniformed services or overseas voter)

- a uniformed services voter
- an overseas voter

His/her voting residence is: _____,
(Street and Number, or Rural Route Number) (City or Village and Zip code)

The voter has resided at that residence for _____, immediately preceding the voter's
(Length of time)
commencement of service or departure from the United States.

I am the _____ of the person to whom the ballots are to be sent.
(Relationship to uniformed services or overseas voter)

Uniformed Services or Overseas voter's birth date: _____/_____/_____
(month) (day) (year)

One of the Uniformed Services or Overseas voter's following forms of ID:

- Ohio driver's license number _____, or
- The last four digits of the voter's Social Security number _____, or
- 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 voter registration notification mailed by a board of elections) that shows the voter's name and current address.

The voter wishes 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**

Mail the Ballots to: _____ **Or, Fax Ballots to:** _____
(Area Code) (Fax Number)

Or, E-mail Ballots to: _____

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)

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