

**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**

(located left hand side, middle of card beginning with two letters)

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 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 my name and current address.

**Election at which I am voting (check which election, and if a primary election, specify which ballot you are requesting):**

1.  **Primary Election** (for primary elections, select the type of ballot): \_\_\_\_\_

(month and year)

Party \_\_\_\_\_

Nonpartisan or issues only

2.  **General Election** \_\_\_\_\_

(year)

3.  **Special Election** \_\_\_\_\_

(month and year)

**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 \_\_\_\_\_ 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 voter 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**