

# Vote by Mail Ballot Application

All Registered Voters May Vote by Mail

## 1 Registered Voter's Name and Address

NAME \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
PHONE (Optional) \_\_\_\_\_ EMAIL (Optional) \_\_\_\_\_

Please fill out ONLY if ballot must be sent to a different address:

CARE OF / PO BOX \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

## 2 Date of Birth (Must be provided)

Month Day Year

## 3 Identification (Must provide either A, B, or C)

**A** The last four numbers of your Social Security Number   
\_\_\_\_\_ OR \_\_\_\_\_

**B** Your Ohio Driver's License Number   
NOTE: Your driver's license number begins with 2 letters and ends with 6 numbers. The number above your driver's license picture is not valid for voting purposes.  
\_\_\_\_\_ OR \_\_\_\_\_

**C** Provide a copy of a current and valid photo identification, 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 your name and current address.

Election:

NOVEMBER 6, 2012 GENERAL ELECTION

## 4 Signature (Must be provided)

I wish to have a ballot mailed to me at the address listed above. I understand that if a ballot is mailed to me and I change my mind and appear at my polling place to vote on Election Day, I will be required to vote a provisional ballot that cannot be counted until at least 10 days after the election.

I hereby declare, under penalty of election falsification, 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. **WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.**

X    
DATE SIGNED

## Instructions

Chapter 3509 of the Revised Code of Ohio

1. An application by mail must be received by your county board of elections by noon on the third day before the election. An application by you in person must be received by your board of elections by 6 p.m. the last Friday before the election. Applications for persons who are hospitalized or for persons whose minor child is hospitalized due to an accident or unforeseeable medical emergency (Form 11-B) will be accepted until 3 p.m. on Election Day.


10 days after the election. If you return your ballot in person, or if a near relative delivers it to the board for you, it must be received by your county board of elections no later than the close of polls on Election Day. If you are a member of the uniformed services or a voter outside of the United States on Election Day, the ballot must be submitted for mailing not later than 12:01 a.m. on the date of the election and received by the board no later than 10 days after Election Day.

\* Postmarked does not include a date marked by a postage evidence system such as a postage meter.

\*\* A separate application must be completed for each election.

Complete all highlighted areas or your application cannot be processed.

1. Provide your Name and Address
2. Provide your Date of Birth
3. Provide one form of Identification
4. Provide your Signature

  
CUYAHOGA COUNTY  
BOARD OF ELECTIONS  
2925 Euclid Avenue  
Cleveland, Ohio 44115

If you have any questions, please call the Board of Elections at 216-443-3298, Ohio Relay Service 711. For more election information, check our web site [www.boe.cuyahogacounty.us](http://www.boe.cuyahogacounty.us)