

For Office Use Only					

## APPLICATION FOR EARLY IN-PERSON VOTING

R.C. 3509.03

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

Required Information								
Voter's Name								
Home Address								
City, State, Zip Code								
Date of Birth	_____ / _____ / _____ Month          Day          Year							
<b>Only one of the following:</b>	Last four digits of Social Security Number <div style="text-align: right; margin-top: 5px;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table> </div>							
	Ohio driver's license number (example: AA112233) <div style="text-align: right; margin-top: 5px;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table> </div>							
Copy of valid identification <input type="checkbox"/> 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.								
Date & Type of Election	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <b>General Election:</b>  <input type="checkbox"/> November / _____ / _____  <span style="margin-left: 100px;">Day          Year</span> </td> <td style="width: 50%; border: none; vertical-align: top;"> <b>Primary Election:</b>  <input type="checkbox"/> March or <input type="checkbox"/> May / _____ / _____  <span style="margin-left: 100px;">Day          Year</span> </td> </tr> <tr> <td style="border: none; vertical-align: top;"> <b>Special Election:</b>  <input type="checkbox"/> May or <input type="checkbox"/> August / _____ / _____  <span style="margin-left: 100px;">Day          Year</span> </td> <td style="border: none; vertical-align: top;"> <b>Party selection:</b>  <input type="checkbox"/> Democratic          <input type="checkbox"/> Issues Only  <input type="checkbox"/> Republican          <input type="checkbox"/> Minor Party  <span style="margin-left: 100px;">_____</span> </td> </tr> </table>	<b>General Election:</b> <input type="checkbox"/> November / _____ / _____ <span style="margin-left: 100px;">Day          Year</span>	<b>Primary Election:</b> <input type="checkbox"/> March or <input type="checkbox"/> May / _____ / _____ <span style="margin-left: 100px;">Day          Year</span>	<b>Special Election:</b> <input type="checkbox"/> May or <input type="checkbox"/> August / _____ / _____ <span style="margin-left: 100px;">Day          Year</span>	<b>Party selection:</b> <input type="checkbox"/> Democratic <input type="checkbox"/> Issues Only <input type="checkbox"/> Republican <input type="checkbox"/> Minor Party <span style="margin-left: 100px;">_____</span>			
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Signature of Voter	I hereby declare, under penalty of election falsification, 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.  <div style="height: 100px; border: 1px solid black;"></div>							
Date Signed (Today's date)	_____ / _____ / _____ Month          Day          Year							