

APPLICATION BY RELATIVE*
FOR ARMED SERVICE ABSENT VOTER BALLOT
R.C. 3511.02(C)

I, _____, residing at _____
(Printed name of relative*) (Street and number, or rural route number)

_____, hereby apply to have an Armed Service Absent Voter
(City, Village or Post Office)

Ballot mailed or faxed to _____, a qualified elector who is serving in the Armed
(Name of Armed Services Voter)

Forces of the United States or is absent from Ohio for the purpose of being with or near his/her spouse or parent who is serving in the Armed Forces. His/her voting residence is:

_____, _____ Ohio, _____.
(Street and Number, or Rural Route Number) (City, Village or Township) (Zip Code)

The Armed Services Voter has resided there for _____ immediately preceding the commence-
(Length of time)
ment of the voter's service.

I am the _____ of the Armed Services Voter to whom the ballot is to be sent.
(Relationship to Armed Services Voter – see categories below*)

What is Armed Services Voter's birth date? (required) _____ / _____ / _____
(month) (day) (year)

Identification in the form of ONE of the following must be provided below or accompany this application:

- The Armed Services Voter's Ohio driver's license number _____, **or**
(located left hand side, middle of card beginning with two letters)
- The last four digits of his/her social security number _____, **or**
- Copy** of a current and valid photo identification, a military identification, or a current (within one year) 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 name and current address of the Armed Services Voter for whom the absent voter ballot is requested.

In which election does the Armed Services Member wish to vote?

Check ONLY one (A separate application must be completed for each election):

1. Primary Election _____

- Democratic (year)
- Republican
- Nonpartisan or issues only

2. General Election _____
(year)

3. Special Election _____
(year)

Mail ballot to:

Or, Fax ballot to:

(Fax Number, including area code and/or country code)

I declare, under penalty of election falsification, the above statements are true, to the best of my knowledge, information and belief. I understand that if I do not provide the requested information, this application cannot be processed.

X _____
(Signature of Relative*)

(Date Signed)

*A "relative" of an Armed Services Voter means: the spouse, father, mother, father-in-law, mother-in-law, grandfather, grandmother, brother or sister of the whole blood or half blood, son, daughter, adopting parent, adopted child, stepparent, stepchild, uncle, aunt, nephew, or niece of the Armed Services Voter.