

**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

Voter's Name _____

Voting Residence Street Address _____

City, Village, or Post Office _____

County _____ **Zip Code** _____

You must provide your birthdate: _____ / _____ / _____ **and one of the following:**
(month) (day) (year)

- Your Ohio driver's license number _____, **or**
- The last four digits of your social security number _____, **or**
- Copy of a current and valid photo identification, a military identification, a current 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.

I wish to vote in ONE of the following elections, which is to be held on _____ **:**
(Date of Election)

Check ONLY ONE:

- 1. **Primary Election (check one):**
 - Democratic
 - Republican
 - Nonpartisan or issues only
- 2. **General Election**
- 3. **Special Election**

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
(Name of minor child)
accident or 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. (_____) _____

I request that _____, who is my _____,
(Name of Family Member* - see above) (Relationship to Voter)
deliver my ballot to me at the hospital.

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