

Ballot Application — Medical Emergency*print clearly*

Absentee or Provisional Ballot Request by Voter Hospitalized Due to an Accident/Unforeseeable Medical Emergency That Occurred After the Close of Business on the Seventh Day Before Election Day and Before 3 p.m. on Election Day

R.C. 3505.24, 3509.03(D), 3509.05(C)(1), 3509.08(B)

Voter Name Required	1	First _____ Middle _____ Last _____ Suffix _____
Date of Birth Required	2	Date of Birth (MM/DD/YYYY) (Do not write today's date here) _____
Your Home Address at Which you are Registered to Vote Required	3	Street Address (no P.O. boxes or polling place addresses) _____ County _____ City/Village _____ ZIP _____
Reason Required Select only ONE .	4	☐ I am confined in the hospital listed below as a result of an accident or unforeseeable medical emergency; OR ☐ My minor child is confined in the hospital listed below as a result of an accident or unforeseeable medical emergency.
Ballot Delivery Method * "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.	5	Hospital located in my county of residence : ☐ I request that two election officials deliver my ballot to me at the hospital named below; OR ☐ I request that the family member named below deliver my ballot to me at the hospital. Name of family member _____ Relationship to Voter* _____ Hospital located outside my county of residence : ☐ I request that the family member named below deliver my ballot to me at the hospital. Name of family member _____ Relationship to Voter* _____ ☐ I request to receive the ballot by mail at the hospital. ☐ I request that my county board of elections send my ballot via fax or email to the Ohio county board of elections in the county of my hospitalization, where two election officials from that board will deliver my ballot to me at the hospital named below.
Hospital Information / Where to Deliver Ballot Required	6	Name of Hospital _____ Room # _____ Admission Date _____ County _____ Hospital Street Address _____ ZIP _____ City/Village _____ Phone _____
Photo Identification Required You must provide ONE of the following.	7	☐ Your Ohio driver license or state ID card number (2 letters followed by 6 numbers) _____ OR ☐ Last four digits of your Social Security number _____ OR ☐ A COPY of current photo identification (a driver license, state ID card, or interim ID form issued by the Ohio BMV; a U.S. passport or passport card; or a U.S. military ID card, U.S. military dependent card, Ohio National Guard ID card, or U.S. Department of Veterans Affairs ID card). The copy of the photo ID must include images of the front and back, except for a passport which must include the passport's identification page.
Election in Which You Would Like to Vote Required You must complete a separate application for each election.	8	Date of Election (MM/DD/YYYY) (Do not write today's date here) _____ ☐ General Election ☐ Primary Election ☐ Special Election If a primary election is selected, indicate the type of ballot you would like to receive by selecting ONE of the following: ☐ Democratic ☐ Libertarian ☐ Republican ☐ Issues Only <i>Important: If selecting a partisan ballot in a primary election, the ballot will include all questions and issues which the voter is eligible to vote.</i>
Affirmation Required	9	- I wish to receive an absentee or provisional ballot via the method marked above. - I understand this request must be received by my board of elections no later than 3 p.m. on Election Day. - I understand that if an absentee or provisional ballot is mailed or delivered to me and I change my mind and go to my polling place to vote on Election Day, I will be required to vote a provisional ballot. - I understand that, if I do not provide the required information, my application cannot be processed. - I hereby declare, under penalty of election falsification, that I am a qualified elector and the statements above are true. Signature X _____ Today's Date (MM/DD/YYYY) _____

To assist the board of election in contacting you in a timely manner if your application is incomplete, please provide the following information.

Telephone Number _____ Email Address _____

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.**You must complete this form yourself unless you are unable to do so due to disability, illiteracy, or blindness.**