Form No. 11-F Prescribed by the Secretary of State (03/2026)

Application for Absent Voter's Ballot by Confined Voter or a Voter With a Personal Illness, Physical Disability, or Infirmity

print clearly

R.C. 3509.08 (A)

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) _____

Address at Which you are Registered to Vote
Required

3

Street Address *(No P.O. Boxes)* _____ County _____

City/Village _____ ZIP _____

Identification
Required

*You must provide **ONE** of the following.*

4

☐ Your Ohio driver's license number or state ID card number _____ **OR**

☐ Last four digits of your Social Security number _____ **OR**

☐ A **COPY** of a different form of current photo identification (a driver license, state ID card, or interim ID form issued by the Ohio BMV; a US passport or passport card; or a US military ID card, Ohio National Guard ID card, U.S. Department of Veterans Affairs ID card, or U.S. military dependent 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
Required

You must complete a separate application for each election.

5

Date of Election (MM/DD/YYYY) (Do not write today's date here) _____

☐ **General Election** ☐ **Special Election**

☐ **Primary Election** For a PARTISAN primary election only, you must choose the type of ballot:

☐ Political party ballot Name of Political Party _____ ☐ Issues only ballot

Reason
Required
Select only *ONE.*

6

☐ I am unable to travel from my home or place of confinement because of the following illness, physical disability or infirmity: _____

☐ I am confined in a jail or workhouse

Please Deliver my Ballot as Follows
Required
Select only *ONE.*

7

☐ My voting residence listed above; **OR**

☐ My present place of confinement in this county:

Name of Facility _____

Street Address *(No P.O. Boxes)* _____

City/Village _____ County _____ ZIP _____

Method of Ballot Delivery
Required
Select only *ONE.*

8

☐ Deliver my ballot by mail; **OR**

☐ Deliver my ballot by county board of elections staff.

Affirmation
Required

9

- I wish to have an absentee ballot delivered to me at the address listed above.
- I understand this request must be received by my board of elections no later than the close of business seven days before Election Day.
- I understand that if an absentee ballot is 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, this 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 of Voter X _____

Today's Date (MM/DD/YYYY) _____

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