Form No. 11-I Prescribed by the Secretary of State (01/2026)

Application for Absent Voter's Ballot by a Voter who is Disabled or Confined

Unreported Change of Address and/or Name or Bureau of Motor Vehicles/Social Security Administration Mismatch

R.C. 3503.16(G), 3509.02(B), 3509.08

print clearly

Current Voter Name Required

1

First _____ Middle _____

Last _____ Suffix _____

Check All That Apply

2

I am currently registered to vote in Ohio:

☐ Under a different name. Former legal name _____

☐ At a different address. Former address _____

Address at Which you Currently Reside Required

3

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

City/Village _____ ZIP _____

Date of Birth Required

4

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

Identification Required

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

5

☐ Your Ohio driver 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 U.S. passport or passport card; or a U.S. 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.

6

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

Please Deliver my Ballot as Follows and Complete Statement Required

Select only ONE.

7

I am unable to vote in person because of personal illness, physical disability, or infirmity. Please deliver my ballot to me as follows:

☐ My current address listed above; **OR**

☐ My present place of confinement in this county:

Name of Facility _____ Room # _____

Street Address (no P.O. boxes) _____ County _____

City/Village _____ ZIP _____

Admission Date (if applicable) (MM/DD/YYYY) _____

Telephone Number _____

Method of Ballot Delivery Required

Select only ONE.

8

☐ Deliver my ballot by mail; **OR**

☐ Deliver my ballot by two county board of elections staff.

Affirmation Required

9

- I wish to have a provisional/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 a provisional/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, my application cannot be processed.
- I declare, under penalty of election falsification, I am a citizen of the United States, will have lived in this state for 30 days immediately preceding the next election, and will be at least 18 years of age at the time of the next general election.
- **I hereby declare, under penalty of election falsification, that I am a qualified elector and the statements above are true.**

Signature X _____

Former Name *(if applicable)* _____

Former Signature X _____

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