

**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 Armed Service Absent
(City or Village, State and Zip code)

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

Armed 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 or Village) (Zip code)

The voter has resided at that residence for _____, immediately preceding the
(Length of time)

commencement of the voter's service or the date of leaving to be with or near a service member spouse or parent.

I am the _____ of the person to whom the ballots are to be sent.
(Relationship to armed services voter)

You must provide the armed services voter's birthdate: _____/_____/_____ **and one of the following:**
(month) (day) (year)

- The Ohio driver's license number _____, **or**
- The last four digits of his/her 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 the name and home address of the armed services voter.

The armed services member wishes to vote in the following election to be held on _____
(Date of Election)

Check one:

1. Primary Election

- Democratic
- Republican
- Nonpartisan or issues only

2. General

3. Special Election

Mail the Ballots to:

Fax Ballots to:

(Area Code) (Fax Number)

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

X _____
(Signature of Relative)

(Date Signed)