APPLICATION FOR ABSENT VOTER'S BALLOT

Please Print or Type

For Information Call (513) 632-7039 or 632-7040

Complete Sections A, B, C, D, E,

Mail To: Absentee Department – Hamilton Co. Board of Elections – 824 Broadway – Cincinnati, Ohio – 45202-1345

Or Fax To: (513) 744-9038

A

Applicant's Name_____

Home Address _____

City, Village or Post Office_____

County _____Zip Code_____

B

Send Ballot To: (If Different Than Home Address)

Applicant's Name_____

Address_____

City, Village or Post Office_____

State_ _____Zip Code_____

C

I Wish to Vote In The Following Election: (Check One) ☑

1. Primary Election
   - ☐ Democratic
   - ☐ Republican
   - ☐ Nonpartisan or Issues Only
   - ☐ Other Party (Specify)_____
2. ☐ General Election
3. ☐ Special Election – Election Date _____

D

I Will Be Absent From My Polling Place For The Following Reason: (Check One) ☑

- ☐ I am sixty-two years of age or more.
- ☐ I will be absent from Hamilton county.
- ☐ I or a family member will be confined in a hospital.
- ☐ Illness, disability or infirmity prevents me from going to my polling place.
- ☐ I am an election official or employee of the Secretary of State.
- ☐ I am a full-time fire fighter, peace officer, or emergency medical service provider.
- ☐ I am on active duty with the organized militia in Ohio.
- ☐ I will be confined in a jail or workhouse under sentence for a misdemeanor, or awaiting trial on a felony or misdemeanor.
- ☐ I am unable to vote on Election Day for religious reasons.
- ☐ I am confined to a public or private institution within the county. Please have two board employees deliver my ballots.
- ☐ I am a former resident entitled to vote for President and Vice President or an overseas citizen entitled to vote for federal offices.

E

I am a qualified elector and request an absentee ballot for the above reason.

_____
Ohio Driver's License # OR last 4 digits of Social Security #

X _____ _____ _____ _____

Signature of Applicant | Date | Birth Date | Telephone

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

INSTRUCTIONS

R.C. 3509

1. Use of this form is optional. Application must include name, voter residence address, reason for absence from polls, applicant's signature, election for which the ballots are requested and, if primary ballots, voter's party affiliation.
2. An application by mail must be received by your County Board of Elections by noon on the third day before the election. Applications by the voter in person must be received by the close of regular board hours the day before the election. Applications for persons who are hospitalized by a medical emergency will be accepted until 3 p.m. on Election Day.
3. Completed ballots must be delivered to your County Board of Elections in person, by mail or a near relative not later than the close of polls on Election Day. Exception: If the voter is outside of the United States on election day, the ballot envelope must be signed or postmarked prior to the close of polls and received by the board no later than 10 days after the election or 20 days after the Presidential Primary Election.
4. If you request an absentee ballot you will not be allowed to vote or turn in your ballot at the polling place on Election Day.
5. This document may be reproduced.