

**APPLICATION BY RELATIVE FOR ABSENT VOTER'S BALLOT  
FOR MEMBER OF THE ORGANIZED STATE MILITIA**

R.C. 3509.031

I, \_\_\_\_\_, residing at \_\_\_\_\_  
Printed name of relative Street and number, or rural route number

\_\_\_\_\_, hereby apply to have Absent Voter Ballot mailed or  
City, Village or Post Office

faxed to \_\_\_\_\_, a qualified elector who is now serving in the organized militia called  
Name of state militia member

to active duty within the State of Ohio. The militia member's voting residence is: \_\_\_\_\_  
Street and Number, or Rural Route Number

\_\_\_\_\_, \_\_\_\_\_ Ohio, \_\_\_\_\_. The militia member has resided  
City, Village or Township Zip code

there \_\_\_\_\_.  
Length of time

I am the \_\_\_\_\_ of the voter to whom the ballot is to be sent.  
Relationship to state militia member

**You must provide state militia member's birthdate:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **and one of the following:**  
month day year

- The member's 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 (other than a voter registration notification mailed by a board of elections) document that shows name and current address of the state militia member.

**The state militia 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 Election**

**3. Special Election**

**Mail ballot to:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fax ballot to:**

\_\_\_\_\_  
Area Code Fax Number

**Having been duly cautioned and sworn, I swear or attest that the information provided above is true, based on my personal knowledge, information and belief. I understand that if I do not provide the requested information, this application cannot be processed.**

X \_\_\_\_\_  
Signature of Applicant

Sworn to before me, and subscribed in my presence, by \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, in the City of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public or Authorized Ohio Election Official

\_\_\_\_\_  
Title

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