



Instructions for Voter Registration and Absentee Ballots in Ohio

VOTER REGISTRATION

Please see information on back of this form to learn how to obtain an absentee ballot.			WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE			
I am: <input type="checkbox"/> Registering as an Ohio voter <input type="checkbox"/> Updating my address <input type="checkbox"/> Updating my name						
1. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Will you be at least 18 years of age on or before the next general election? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered NO to either of the questions, do not complete this form.						
3. Last Name		First Name		Middle Name or Initial	Jr., II, etc.	
4. House Number and Street (Enter new address if changed) See below for dorm addresses			Apt. or Lot #	5. City or Post Office Springfield	6. ZIP Code 45504	
7. Additional Mailing Address (if necessary)				8. County (where you live) Clark	FOR BOARD USE ONLY SEC4010 (rev. 4/15) City, Village, Twp. Ward Precinct School Dist. Cong. Dist. Senate Dist. House Dist.	
9. Birthdate (MM/DD/YYYY) (required)		10. Ohio Driver's License number OR Last Four Digits of Social Security number (one form of ID required to be listed or provided)		11. Phone Number (voluntary)		
12. PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION - Previous House Number and Street						
Previous City or Post Office		Previous County	Previous State			
13. CHANGE OF NAME ONLY Former Legal Name			Former Signature			
14. 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 general election.						
Your Signature		↓	Date (MM/DD/YYYY) _____			
Don't forget to sign and date						

Residence Hall Street Addresses

Firestine	901 Woodlawn Ave.	Polis	40 W. Cassilly St.
New Hall	826 Woodlawn Ave.	Myers	6 E. Campus Dr.
Tower	909 Woodlawn Ave.	Ferncliff	641 Wittenberg Ave.
Woodlawn	723 Woodlawn Ave.		

When you have completed your form, you can give it to your FYS leaders in class.

OR

Bring it to the **Hagen Center** and we will deliver it to the Board of Elections.

WE WILL DELIVER ALL REGISTRATION FORMS TURNED IN BY OCTOBER 2

ABSENTEE BALLOT REQUEST

Step 1: Fill In the Information Below	This should be the exact same as what you put on your registration form
Registered Voter's Name (Required)	Address (No P.O. Box) (Required)
City (Required)	Zip Code (Required)

Mailing Address (if different than address above)			
Wittenberg University Box ____; PO Box 6100	Springfield, OH	45501-6100	
Address / P.O. Box	City	Zip Code	

Step 2: Provide Your Date of Birth (Required)	____ / ____ / ____ <small style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year </small>
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Step 3: Provide <u>ONE</u> of the following (Required)							
<input type="checkbox"/> Your Ohio driver's license number (begins with two letters followed by six numbers) <table style="float: right; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table>							
<input type="checkbox"/> The last four digits of your social security number <table style="float: right; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table>							
<input type="checkbox"/> Copy of a current and valid form of photo identification, a military identification, or a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or other government document (other than a notice of voter registration mailed by a board of elections) that shows your name and current address.							

Step 4: Read Affirmation and Provide Signature		
<i>I wish to have a ballot mailed to me at the address listed above. I understand that if a ballot is mailed to me and I change my mind and appear at my polling place to vote on Election Day, I will be required to vote a provisional ballot that cannot be counted until at least 11 days after the election.</i> <i>I hereby declare, under penalty of election falsification, I am a qualified elector and the statements above are true to the best of my knowledge and belief. I understand that if I do not provide the requested information, my application cannot be processed.</i>		
DON'T FORGET TO SIGN AND DATE		
<table style="width: 100%;"> <tr> <td style="width: 60%; padding: 5px;">Signature (Required)</td> <td style="width: 40%; padding: 5px;">Date Signed</td> </tr> </table>	Signature (Required)	Date Signed
Signature (Required)	Date Signed	
<table style="width: 100%;"> <tr> <td style="width: 50%; padding: 5px;">Email Address (Optional)</td> <td style="width: 50%; padding: 5px;">Best Contact Phone Number (Optional)</td> </tr> </table>	Email Address (Optional)	Best Contact Phone Number (Optional)
Email Address (Optional)	Best Contact Phone Number (Optional)	
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE		

Return this completed form in person at 3130 E. Main Street or
by mail to PO Box 1766, Springfield, Ohio 45501.

When you have completed your form, you can give it to your FYS leaders in class.

OR

Bring it to the **Hagen Center** and we will deliver it to the Board of Elections.

WE WILL DELIVER ALL ABSENTEE FORMS TURNED IN BY OCTOBER 30