Voter Registration Form
Please read instructions carefully.

Eligibility
You are qualified to register to vote in Ohio if you meet all the following requirements:
1. You are a citizen of the United States.
2. You will be at least 18 years old on or before the day of the general election.
3. You will be a resident of Ohio for at least 30 days immediately before the election in which you want to vote.
4. You are not incarcerated (in prison) for a felony conviction.
5. You have not been declared incompetent for voting purposes by a probate court.
6. You have not been permanently disfranchised for violations of the election laws.

Use this form to register to vote or update your current Ohio registration if you have charged your address or name.

NOTICE: Your registration or change must be received or postmarked by the 30th day before an election at which you intend to vote. You will be notified by your county board of elections of the location where you vote. If you do not receive a notice prior to election day, call your county board of elections.

Lines 1 and 2 are required by law. If you do not answer both of the questions, your registration will not be processed.

Registering in Person
If you have a current valid Ohio driver’s license, you must provide that number on line 10. If you do not have an Ohio driver’s license, you must provide the last four digits of your Social Security number on line 10. If you have neither, write “None.”

WILL BE AT LEAST 18 YEARS OF AGE ON OR BEFORE THE NEXT GENERAL ELECTION? ☐ Yes ☐ No

If you answered NO to either of the questions, do not complete this form.

Registering by Mail
If you register by mail and do not provide either a current Ohio driver’s license number or the last four digits of your Social Security number, please enclose a copy of one of the following forms of identification with your registration application:
• Current valid photo identification card, military identification, current utility bill, bank statement, paycheck, government check or government document (except board of elections' notifications) showing your name and current address.

Your Signature
Your registration cannot be processed without your signature. On line 14, affix your signature or mark taking care that it does not touch surrounding lines of type. If your signature is a mark, include the name and address of the person who witnessed the mark beneath the signature line. If by reason of disability you are unable to physically sign, the attorney-in-fact that you have appointed pursuant to R.C. 3501.382, may sign this form on your behalf at your direction and in your presence.

Person Registering Applicant
Complete line 15 if you will receive compensation for providing this registration form, assisting in completing the form, or returning this form. As a compensated registrant, you must return this form to an office of a county board of elections or the secretary of state's office.

See voter identification requirements for voting. Please type or print clearly with a black pen. Affix copy of ID.

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 I will be at least 18 years of age at the time of the general election.

□ Yes ☐ No

List Name First Name Middle Name or Initial Jr., II, etc.

House Number and Street (Enter new address if changed) Apt. or Lot #

City or Post Office Zip Code

Additional Rural or Mailing Address (If necessary) County where you live

Birthday (MO-DAY-YR) Ohio driver’s license No. OR last 4 digits of Social Security No. (required) Phone No. (voluntary)

PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION

Previous House Number and Street

Previous City or Post Office County State

CHANGE OF NAME ONLY Former Legal Name Former Signature

I declare under penalty of election falsification that for compensation I provided a registration form to the applicant, assisted the applicant in completing this form, or returned this form to an appropriate public office for processing, and that I am employed for this purpose by ________________________________ (Print name of employer of person registering applicant)

Signature/Address of Person Registering Applicant ________________________________ / / MO DAY YR

Address City/Village State Zip code

Exhibit A