

Statewide Vote-By-Mail Ballot Request Form

(s. 101.62, F.S.)

To request a vote-by-mail ballot for yourself, complete only the top section.
To request a vote-by-mail ballot for someone who directly instructed you to do so, complete both sections.

Voter's Name: _____ **Voter's Date of Birth:** ____ / ____ / ____

Voter's Florida driver license (FL DL) or Florida identification (FL ID) card number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	If no FL DL or FL ID, then provide	last 4 digits of Social Security Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Voter's Home Address: _____

City: _____ **State:** _____ **Zip code:** _____

Voter's mailing address for ballot: (only if different than home address)	_____ City: _____ State: _____ Zip code: _____ Country, if outside US: _____
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Please update my **residential address** and/or my **mailing address** in my voter record with the information listed above.

Phone number (optional): _____ Email address (optional): _____

This request is good for all elections through the end of the calendar year of the next general election. If you only want a ballot for specific elections, list them here: _____

Voter's Signature: _____ Date: ____ / ____ / ____ (not required if voter is an absent uniformed services voter or overseas voter, or if request is made by a designee)

You must also complete the section below if you are requesting a Vote-by-Mail Ballot for someone else.

Designee's Name: _____

Designee's Home Address: _____

City: _____ **State:** _____ **Zip code:** _____

Designee's driver license or identification card number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	If no DL or ID, then provide	last 4 digits of Social Security Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Phone number (optional): _____ Email address (optional): _____

Designee's relationship to the voter: <input type="checkbox"/> Spouse <input type="checkbox"/> Grandparent <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Child <input type="checkbox"/> Sibling	<input type="checkbox"/> Parent of voter's spouse <input type="checkbox"/> Child of voter's spouse <input type="checkbox"/> Grandparent of voter's spouse <input type="checkbox"/> Grandchild of voter's spouse	<input type="checkbox"/> Sibling of voter's spouse <input type="checkbox"/> Voter's legal guardian <input type="checkbox"/> Designee for a voter with a disability
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Designee's Signature: _____ Date: ____ / ____ / ____ The voter directly instructed me to make this request for them.
