

VOTE-BY-MAIL BALLOT AFFIDAVIT AND INSTRUCTIONS

(The affidavit is for use by a voter when the voter returns a vote-by-mail ballot without signing the Voter's Certificate.)

**READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE AFFIDAVIT.
FAILURE TO FOLLOW THESE INSTRUCTIONS MAY CAUSE YOUR BALLOT NOT TO COUNT.**

1. In order to ensure that your vote-by-mail ballot will be counted, your affidavit should be completed and returned as soon as possible so that it can reach the Supervisor of Elections of the county in which your precinct is located **no later than 5 p.m. on the day before the election.**
2. You must sign your name on the line above (Voter's Signature) on the affidavit.
3. You must make a copy of one of the following forms of identification:
 - a. Identification that includes your name and photograph: United States passport; debit or credit card; military identification; student identification; retirement center identification; neighborhood association identification; or public assistance identification; Veterans health ID card issued by the U.S. Department of Veterans Affairs; a license to carry a concealed weapon or firearm permit; Employee ID card issued by any branch, department, agency, or entity of the Federal Government, the state, a county, or municipality; **or**
 - b. Identification that shows your name and current residence address: current utility bill, bank statement, government check, paycheck, or government document (excluding voter identification card).
4. Place the envelope bearing the affidavit into a mailing envelope addressed to the supervisor. Insert a copy of your identification in the mailing envelope. Mail, deliver, or have delivered the completed affidavit along with the copy of your identification to your county supervisor of elections. Be sure there is sufficient postage if mailed and that the supervisor's address is correct.
5. Alternatively, you may fax or e-mail your completed affidavit and a copy of your identification to the supervisor of elections. If e-mailing, please provide these documents as attachments.

Indian River County Supervisor of Elections
4375 43rd Avenue Vero Beach, FL 32967
Main: 772-226-3440 Fax: 772-770-5367
Email: info@voteindianriver.com

Contact information for each Supervisor of Elections can be found on this webpage:
http://election.dos.state.fl.us/SOE/supervisor_elections.asp

VOTE-BY-MAIL BALLOT AFFIDAVIT

I, _____, am a qualified voter in this election and
(Print your name)

registered voter of _____ County, Florida. I do solemnly swear or affirm that
(Print name of county)

I requested and returned the vote-by-mail ballot and that I have not and will not vote more than one ballot in this election. I understand that if I commit or attempt any fraud in connection with voting, vote a fraudulent ballot, or vote more than once in an election, I may be convicted of a felony of the third degree and fined up to \$5,000 and imprisoned for up to 5 years. I understand that my failure to sign this affidavit means that my absentee ballot will be invalidated.

(Voter's Signature)

(Address)