

SIGNATURE CURE AFFIDAVIT FOR VOTE-BY-MAIL BALLOT

(This affidavit is for use by a voter who returns a vote-by-mail ballot with a signature issue on their Voter's Certificate)
THIS IS NOT A VOTE-BY-MAIL BALLOT REQUEST FORM

I. INSTRUCTIONS

Use the following checklist to complete and return this form to the Indian River County Supervisor of Elections office no later than 5 p.m. on the day before the election.

- Complete and sign the affidavit below; AND**
- Include a copy of one of the following forms of identification (ID) that shows your name and photograph (if the affidavit is not submitted in person):**
 - a) Identification that includes your name and photograph: Florida Driver's license; Florida ID; United States passport; debit or credit card; or military; student identification; retirement center identification, neighborhood association identification; public assistance identification; veteran health identification card issued by U.S. Department of Veterans Affairs; a Florida license to carry a concealed weapon or firearm; or an employee identification card issued by any branch, department, agency, or entity of the Federal Government, the state, a county, or a 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).
- Return the completed affidavit and the copy of your identification documents to Indian River County Supervisor of Elections no later than 5p.m. on the Monday before the election:**
 - Deliver to our office or to an Early Voting site (by you or another person).
 - Mail them to us using the included postage paid return envelope.
 - Fax (772) 770-5367 or email (info@VoteIndianRiver.com) to our office.

Contact us if you have any questions at (772) 226-3440.

II. VOTE-BY-MAIL BALLOT AFFIDAVIT

I, _____, am a qualified voter in this
(Print voter's name)
election and registered voter of Indian River County, Florida. I do solemnly swear or affirm that:
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 vote-by-mail ballot will be invalidated.

(Voter's Signature)

(Voter's Address)