

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:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

If no FL
DL or FL
ID, then
provide

last 4 digits of Social Security Number:

--	--	--	--

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:** _____

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:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

If no
DL or
ID, then
provide

last 4 digits of Social Security Number:

--	--	--	--

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

Designee's relationship to the voter:

Spouse
 Parent
 Child

Grandparent
 Grandchild
 Sibling

Parent of voter's spouse
 Child of voter's spouse
 Grandparent of voter's spouse
 Grandchild of voter's spouse

Sibling of voter's spouse
 Voter's legal guardian
 Designee for a voter with a disability

Designee's Signature: _____ **Date:** ____ / ____ / ____

The voter directly instructed me to make this request for them.