PROVISIONAL BALLOT CURE AFFIDAVIT—INSTRUCTIONS AND FORM

This affidavit is for a voter whose provisional ballot certificate does not include the voter's signature or whose signature does not match the voter's signature on file.

Α.	INSTRUCTIONS — READ CAREFULLY. FAILURE TO FOLLOW THESE INSTRUCTIONS MAY CAUSE YOUR BALLOT NOT TO COUNT. In order to cure the missing signature or the signature discrepancy on your Provisional Ballot Voter's Certificate and Affirmation, your affidavit should be completed and returned as soon as possible so that it can reach the Indian River County Supervisor of Elections office no later than 5 p.m. on the 2nd day after the election. You must: Complete and sign the affidavit below - sign on the line above "(Voter's signature)"; Include a copy of one of the following forms of identification (ID):		
	a. Tier 1 identification- <u>Current and valid ID that includes your name and photograph</u> : Florida driver license; Florida identification card issued by the Department of Highway Safety and Motor Vehicles; United States passport; debit or credit card; military, student, retirement center, neighborhood association, or public assistance ID; veteran health ID card issued by U.S. Department of Veterans Affairs; Florida license to carry a concealed weapon or firearm; or employee ID card issued by any branch, department, agency, or entity of the Federal Government, the state, a county, or a municipality.		
	OR if you do not have one of the above forms of ID, use one of these instead:		
	· · · · · · · · · · · · · · · · · · ·	b. Tier 2 identification - ID that shows your name and current residence address: current utility bill; bank statement; government check; paycheck; or government document (excluding voter information card)	
 Return the completed affidavit and the copy of your ID to the Indian River County Supervisor of Elections by one of the following means: Deliver in person or by someone else; or Fax or email (attach the completed affidavit and copy of the ID), or Mail, if time permits (insert the completed affidavit and copy of the ID into a mailing envelope and address to the supervisor; be sure there is sufficient postage and the supervisor's address is correct) 			
		idavit and copy of the ID), or	
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4375 43 rd Avenue, Vero Beach, FL 32967 Main: (772) 226-4700 Fax: (772) 770-5367 Email: info@voteindianriver.gov			
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В.	Provisional Ballot Cure Affidavit For		
ı,, am a qualit (print voter's name)		, am a qualified voter in this election and registered	
	voter of Indian River County, Florida. I do solemnly swear or affirm that I voted a provisional ballot and that I hav		
not and will not vote more than one ballot in this election. I understand that if I commit or attempt a		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 will invalidate my ballot.		
	(Voter's Signature)	Must include a copy of your ID (see above)	
		Email:	
	(Voter's Address)	 Phone Number: ()	
	Form DS-DE 210 (eff. 7-2019)	Section 101.68(4), Florida Statutes	