

VOTE-BY-MAIL BALLOT CURE AFFIDAVIT AND INSTRUCTIONS

This affidavit is for a voter who returns a vote-by-mail ballot that does not include the voter's signature or whose signature does not match the voter's signature on file.

A. INSTRUCTIONS – Read carefully to ensure that your vote-by-mail ballot counts.

1. In order to ensure that your vote-by-mail ballot will be counted, your affidavit should be completed and returned to 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.** 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- Current and valid ID that includes your name and photograph: 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-

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 ID 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
- Mail (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); or
- Fax or email (attach the completed affidavit and copy of the ID).

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

B. FORM

Vote-by-Mail Ballot Cure Affidavit

I, _____, am a qualified voter in this election and registered
(print voter's name)

voter of _____ County, Florida. I do solemnly swear or affirm that I requested and
(print county name)

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)