

**REQUEST A VOTE-BY-MAIL BALLOT**

**Complete the form and mail -or - email it to your county Supervisor of Elections office**

**NOTE:** The Supervisor’s mail and email addresses can be found at <https://www.localaf.vote/tools>

**NOTE:** You are only required to provide either your Florida Driver License # -OR- the last 4 digits of your Social Security #. However, we recommend you provide both to ensure that your voter record can be verified. If you only provide one identifying # and it results in the Supervisor’s office inability to verify your record, your request will not be filled.

**NOTE:** Ballots cannot be forwarded. Be sure to provide your current mailing address.

<b>First Name:</b>	_____	Required
<b>Last Name:</b>	_____	Required
<b>Date of Birth</b>	_____	Required
<b>Florida Driver License #:</b>	_____	Both DL and SS recommended
<b>Last 4 digits of Social Security #:</b>	_____	Both DL and SS recommended
<b>Residential Address:</b>	_____	Required
<b>Residential City, State, Zip:</b>	_____	Required
<b>Daytime Phone:</b>	_____	
<b>Email:</b>	_____	
<b>Mail Ballot To (if different from Residential)</b>		
<b>Address:</b>	_____	
<b>City, State, Zip:</b>	_____	
<b>Country:</b>	_____	
<b>Check the election(s) for which you are requesting a ballot:</b>		Required
<input type="checkbox"/> All elections that I’m eligible for through the end of the calendar year of the next General Election		
<input type="checkbox"/> Other specific election		
<b>Signature</b>	_____	Required
<b>Date</b>	_____	Required