

Florida Absentee Ballot Application

One application shall be deemed sufficient to receive an absentee ballot for all elections through the next regularly scheduled general election..To be processed for the next election, the application must be received by the Supervisor of Elections by 5pm on the 6th day before an election. If you are a **first-time** Florida voter who registered **by mail**, and you did **not** include your Florida driver's license number or Florida identification card number on your voter registration form, then you must provide a copy of your identification with this application. Acceptable forms of ID include: a copy of a photo ID that shows your name (U.S. Passport, employee ID, buyers club ID, debit/credit card, military ID, student ID, retirement center ID, neighborhood association ID, public assistance ID) OR a copy of a current utility bill, bank statement, government check, paycheck, or government document that shows your name and Florida address. **Mail your completed application to your Supervisor of Elections. You can find the mailing addresses here: http://election.dos.state.fl.us/soe/supervisor_elections.shtml.**

Voter's Full Name (please print): _____

Voter's Date of Birth (month/date/year): _____

Voter's Phone Number (optional): _____

Voter's Email Address (optional): _____

I would like absentee ballot(s) for:

The election taking place on (mm/dd/yyyy): _____

All elections through the next regularly scheduled general election

Florida address where voter is registered to vote:

Address: _____

City: _____ State: **FL** Zip Code: _____

How would you like the absentee ballot delivered?

Voter will pick absentee ballot up in person

Voter will designate a representative to pick up the ballot

Voter would like the ballot mailed to the following address:

If you are applying on behalf of an immediate family member, or a person for whom you serve as legal guardian, please complete this section also:

Your name: _____ Relationship to voter: _____

Your FL driver's license number (if available): _____

Your address: _____

I swear and affirm that all the above information is true and correct

Signature _____ Date _____

Please note: There is no official Florida absentee ballot application. This application was created by LongDistanceVoter.org based on the requirements outlined here: <http://election.dos.state.fl.us/voting/absentee.shtml>. Please email contact@longdistancevoter.org if you have any questions about this form.