

FLORIDA VOTER REGISTRATION APPLICATION FORM

YOU CAN USE THIS FORM TO: REGISTER TO VOTE IN THE STATE OF FLORIDA • CHANGE NAME OR ADDRESS • REPLACE YOUR DEFACTED, LOST, OR STOLEN REGISTRATION IDENTIFICATION CARD • REGISTER WITH A POLITICAL PARTY OR CHANGE PARTY AFFILIATION • UPDATE YOUR SIGNATURE

DEADLINE INFORMATION:

If this is a new registration form, the date the completed form is postmarked or hand delivered to your county supervisor of elections will be your registration date. You must be registered for at least 29 days before you can vote in an election. If your application is complete and you are qualified as a voter, a registration identification card will be mailed to you.

HOMESTEAD EXEMPTION (BOX #11):

If you have a homestead exemption in Florida and you register in a precinct other than the one in which the homestead property is located, the applicable property appraiser will be notified. Your property may be subject to back taxes and your homestead exemption terminated, if it is determined that you are not entitled to such an exemption.

PARTY AFFILIATION (BOX #13):

If you wish to register with a major political party, place an "X" in the box preceding the listed party with which you wish to affiliate.

TO REGISTER, YOU MUST:

- Be a U.S. citizen. (BOX #2)
- Be a Florida resident. (BOX #8)
- Be 18 years old (you may pre-register if you are 17). (BOX #5)
- Not now be adjudicated mentally incapacitated with respect to voting in Florida or any other state. (BOX #4)
- Not claim the right to vote in another county or state.
- Not have been convicted of a felony in Florida, or any other state, without your civil rights having been restored. (BOX #3)
- Complete all information in the black boxes on the form. (BOXES #2,3,4,5,6,7,8 & 17)
- Submit your valid Florida driver's license number or Florida identification card number. If you do not have either of these, you must provide the last four digits of your Social Security number. (BOX #6)

If you wish to register with a minor political party, place an "X" in the box preceding "Other" and print the name of the party with which you wish to affiliate. If you wish to register without party affiliation, place an "X" in the box preceding "No Party Affiliation."

NOTICE:

The office at which you register, or your decision not to register, will remain confidential and will be used only for voter registration purposes.

QUESTIONS:

Call your county elections office at the telephone number listed on the reverse side of this form.

INFORMACION EN ESPANOL:

Sírvase llamar a la oficina del supervisor de elecciones de su condado si le interesa obtener este formulario en Español.

PLEASE COMPLETE THE FORM BELOW. PLEASE PRINT USING A BLACK BALL POINT PEN.

- 1) BLACK BOXES MUST BE COMPLETED IN FORM BELOW FOR REGISTRATION TO BE VALID.
- 2) RETURN THIS COMPLETED FORM TO THE OFFICE OF YOUR SUPERVISOR OF ELECTIONS AT THE ADDRESS ON THE BACK OF THE FORM.
- 3) IF YOU ARE A FIRST-TIME VOTER IN THIS COUNTY APPLYING BY MAIL TO REGISTER TO VOTE, INCLUDE A COPY OF YOUR ID WITH THE APPLICATION.
- 4) MAIL WITH FIRST CLASS STAMP.

REVISED 1/04

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1	Check boxes that apply: <input type="checkbox"/> New Registration <input type="checkbox"/> Address Change <input type="checkbox"/> Party Change <input type="checkbox"/> Name Change <input type="checkbox"/> ID Replacement <input type="checkbox"/> Signature Update	OFFICIAL USE ONLY:					
2	Are you a U.S. citizen? Yes? <input type="checkbox"/> No? <input type="checkbox"/> (if NO, you cannot register to vote)	IF YOU ANSWERED NO TO QUESTION 2, OR IF YOU DID NOT CHECK BOXES 3 AND 4, DO NOT COMPLETE THIS FORM.					
3	<input type="checkbox"/> I affirm I am not a convicted felon, or if I am, my rights relating to voting have been restored.						
4	<input type="checkbox"/> I affirm I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my competency has been restored.						
5	Date of Birth (MM/DD/YYYY) / /						
6	FL DL# or FL ID# / If you do not have either, provide the last 4 Digits of SSN.						
7	Last Name	Suffix (circle) Jr. Sr. II III IV	First Name	Middle Name/Initial			
8	Address Where You Live (Legal Residence) <small>DO NOT GIVE P.O. BOX.</small>	Apt/Lot/Unit	City	County of Legal Residence	State	Zip Code	
9	Mailing Address If Different from Above	Apt/Lot/Unit	City	County	State	Zip Code	
10	Address Last Registered to Vote	Apt/Lot/Unit	City	County	State	Zip Code	
11	Address of Homestead Exemption Property	Apt/Lot/Unit	City	County	State	Zip Code	
12	Former Name if Making Name Change	Day Phone Number					
13	Party Affiliation (Check only one) <input type="checkbox"/> Democratic Party <input type="checkbox"/> Republican Party <input type="checkbox"/> No Party Affiliation <input type="checkbox"/> Other (print party name)						
14	Race/Ethnicity (Check only one) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black, not Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> White, not Hispanic						
15	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Do you need voting assistance at the polls? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you interested in being a poll worker? <input type="checkbox"/> Yes <input type="checkbox"/> No		State or Country of Birth		
16	Are You: <input type="checkbox"/> Active Duty Military/Merchant Marine <input type="checkbox"/> Dependent of Active Duty Military/Merchant Marine <input type="checkbox"/> U.S. Citizen Currently Residing Outside the U.S.						
17	OATH: I do solemnly swear (or affirm) that I will protect and defend the Constitution of the United States and the Constitution of the State of Florida. I am qualified to register as an elector under the Constitution and laws of the State of Florida. I am a U.S. citizen. I am a legal resident of Florida. All information on this form is true. I understand that if it is not true, I can be convicted of a felony of the third degree and fined up to \$5,000 and/or imprisoned for up to five years.			SIGNATURE: Sign or mark on line below. (Invalid without signature or mark.) X _____			Date: _____

ARE YOU A FIRST-TIME VOTER IN THIS COUNTY APPLYING BY MAIL TO REGISTER TO VOTE?

If you register by mail and you are a first-time voter in the county, you are required to provide additional identification. To assure that you will not have problems when you go to vote, you should provide a copy of the required identification at the time you mail your voter registration form. If you are voting an absentee ballot, you must provide the proper identification prior to 7 p.m. election day or your absentee ballot will not count.

You may provide a copy of one of the following photo identifications (ID) that includes your name and picture:

- Florida Driver's License • Florida ID Card • U.S. Passport • Employee Badge or ID • Buyers Club ID • Debit/Credit Card • Military ID • Student ID
- Retirement Center ID • Neighborhood Association ID • Entertainment ID • Public Assistance ID

Or, you may provide a copy of one of the following documents that contains your name and current residence address:

Utility Bill • Bank Statement • Government Check • Paycheck • Other Government Document

Or, if you are one of the following, you may not need to provide ID. Please contact your supervisor of elections for additional information. These exemptions are:

- Persons 65 years of age or older • Persons with a temporary or permanent physical disability • Members of the active uniformed service or merchant marine who, by reason of such active duty, are absent from the county
- Spouse or dependent of an active uniformed service member or merchant marine who, by reason of the active duty or service of the member, is absent from the county • Persons currently residing outside the U.S. who are eligible to vote in Florida

DO NOT SEND ORIGINAL IDENTIFICATION DOCUMENTS TO THE SUPERVISOR OF ELECTIONS.