

# Statewide Vote-By-Mail Ballot Request Form

(s. 101.62, F.S.)

To request a vote-by-mail ballot for yourself, complete only the top section.

To request a vote-by-mail ballot for someone who directly instructed you to do so, complete both sections.

**Voter's Name:** \_\_\_\_\_ **Voter's Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Voter's Florida driver license (FL DL) or Florida identification (FL ID) card number:

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If no FL  
DL or FL  
ID, then  
provide

last 4 digits of Social Security Number:

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**Voter's Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Voter's mailing  
address for ballot:**

(only if different than  
home address)

\_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_ **Country, if outside US:** \_\_\_\_\_

Please update my  **residential address** and/or my  **mailing address** in my voter record with the information listed above.

Phone number (optional): \_\_\_\_\_ Email address (optional): \_\_\_\_\_

This request is good for all elections through the end of the calendar year of the next general election. If you only want a ballot for specific elections, list them here: \_\_\_\_\_

**Voter's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(not required if voter is an absent uniformed services voter or overseas voter, or if request is made by a designee)

You must also complete the section below if you are requesting a Vote-by-Mail Ballot for someone else.

**Designee's Name:** \_\_\_\_\_

**Designee's Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

Designee's driver license or identification card number:

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If no  
DL or  
ID, then  
provide

last 4 digits of Social Security Number:

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Phone number (optional): \_\_\_\_\_ Email address (optional): \_\_\_\_\_

**Designee's relationship to the voter:**

- Spouse  
 Parent  
 Child

- Grandparent  
 Grandchild  
 Sibling

- Parent of voter's spouse  
 Child of voter's spouse  
 Grandparent of voter's spouse  
 Grandchild of voter's spouse

- Sibling of voter's spouse  
 Voter's legal guardian  
 Designee for a voter with a disability

**Designee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
The voter directly instructed me to make this request for them.