statewide vote-by-mail request form
(s. 101.62, F.S.)
request a vote-by-mail ballot

To request a vote-by-mail ballot for yourself, complete only the top part; to request a vote-by-mail ballot for someone who directly instructed you to do so, complete both parts.

voter's name _____ **voter's date of birth** _____

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

If no FL DL or FL ID, then provide

last 4 digits of social security number

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]   [ ][ ][ ][ ]

voter's residential address _____ **city** _____ **zip code** _____

if different than above, please provide the mailing address for your ballot:

voter's mailing address _____ **city** _____ **zip code** _____

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

phone number (optional) _____ **email** (optional) _____

A request to receive a vote-by-mail ballot covers all elections through the end of the calendar year for the next ensuing regularly scheduled general election. The voter has the option to specify the elections for which the voter wants to receive a vote-by-mail ballot.

election date(s) for this request (optional): _____

(signature required for written requests or for when mailing address for ballot is other than the one on file unless the voter is an absent uniformed services voter or overseas voter)

voter's signature _____ **date** _____

you must also complete the bottom part if you are requesting a vote-by-mail ballot for someone else

designee's name _____

designee's address _____ **city** _____ **zip code** _____

phone number (optional) _____ **email** (optional) _____

designee's driver license (DL) or identification (ID) card number

If no DL or ID, then provide

last 4 digits of social security number

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]   [ ][ ][ ][ ]

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

(signature of designee required for written requests)

designee's signature _____ **date** _____