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.

oter's Name:	V	/ Voter's Date of Birth://	
Voter's Florida driver license (FL DL) or Florida	a identification (FL ID) card number:	If no FL last 4 digits of Social Security Number: DL or FL ID, then provide	
oter's Home Address:			
ity:	State:	Zip code:	
/oter's mailing ddress for ballot:		City:	
only if different than ome address)	Zip code: Country, if out	side US:	
ease update my 🗆 residential addre	ss and/or my mailing address in my v	oter record with the information listed above.	
none number (ontional):	Email address (ontional):		
nis request is good for all elections thro		ext general election. If you only want a ballot for	
You must also complete the se	uniformed services voter or overseas vote	te-by-Mail Ballot for someone else.	
-		Zip code:	
Designee's driver license or identification card n	umber:	If no last 4 digits of Social Security Number: DL or ID, then provide	
none number (optional):	Email address (optional):		
Designee's relationship to the voter: ☐ Spouse ☐ Grandparent ☐ Parent ☐ Grandchild ☐ Child ☐ 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	
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