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:

| | | | | — | | | | | — | | | | | — | | | | |

If no FL DL or FL ID, then provide — last 4 digits of Social Security Number:

| | | | |

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:

| | | | | | | | | | | | | |

If no DL or ID, then provide — last 4 digits of Social Security Number:

| | | | |

Phone 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

Designee's Signature: _____ **Date:** _____ / _____ / _____

The voter directly instructed me to make this request for them.

DS-DE 160   Rule 1S-2.055, F.A.C.