

# 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.