



Florida Voter Registration Application
Part 1 – Instructions (DS-DE 39, R1S-2.040, F.A.C.)(eff. 07/2016)

Información en español: Sirvase llamar a la oficina del supervisor de elecciones de su condado si le interesa obtener este formulario en español.

To register to vote in Florida, you must register pursuant to the Florida Election Code and be:

- a U.S. citizen;
- a legal resident of Florida;
- at least 18 years old (you may pre-register at 16 or 17, but cannot vote until you are 18); and
- a legal resident of the county in which you seek to be registered.

If you have been convicted of a felony by any court of record, or adjudicated mentally incapacitated with respect to voting in this or any other state, you cannot register until your right to vote is restored (Fla. Stat. §97.041).

CRIMINAL PENALTIES: False swearing in connection with voter registration is a 3rd degree felony. Maximum penalties are \$5,000 and/or 5 years in prison (§104.011).

PUBLIC RECORD: Once filed, this form and all information therein including your phone number and email address as provided become public record except for the following which can only be used for voter registration purposes: your FL DL#, FL ID#, SSN, where you registered to vote, and whether you declined to register or to update your voter registration record at a voter registration agency. Your signature can be viewed but not copied (§97.0585).

Where to Register: Complete this application and deliver it in person or by mail to any supervisor of elections' office, any office that issues driver licenses, any voter registration agency (public assistance office, center for independent living, office serving persons with disabilities, public library, or armed forces recruitment office) or the Division of Elections. Supervisor of Elections' office addresses are on the back of this sheet. The downloadable/printable online form is available at: <http://dos.myflorida.com/elections> (§97.055).

Deadline to Register: Submit new voter registration applications no later than 29 days before any election. Update an existing registration at any time, except a party change for a primary election is due no later than 29 days before that election. You will be contacted if your new application is accepted, incomplete, denied or a duplicate of an existing registration.

Identification (ID) Requirements: If registering for the first time in Florida, provide a FL DL# or FL ID#, or if neither were issued to you, the last four digits of your SSN. If you were not issued any of these numbers, check "None." If you leave the field or box blank, your new registration may be denied. (See §§ 97.053(6) and 97.073).

Special ID requirements apply if you register by mail in Florida for the first time and have never been issued a FL DL#, FL ID# or SSN. You must include a copy of one of the following forms of ID with your application or before you vote: 1) The following IDs if they contain the name and photograph of the applicant and have not expired: U.S. Passport, debit or credit card, military ID, student ID, retirement center ID, neighborhood association ID, public assistance ID, U.S. Veteran's Affairs health ID, license to carry concealed weapon or firearm issued under § 790.06, Fla. Stat., or employee ID card issued by any branch, department, agency, or entity of federal, state, county or municipal government); or 2) The following IDs if they contain your name and current residence address: utility bill, bank statement, government check, paycheck, or other government document (but not voter ID card). The special ID is not required if you are 65 or older, have a temporary or permanent physical disability, are a member of the active uniformed services or merchant marine who is absent from the county on election day, are a spouse or dependent thereof who is absent from the county on election day, or are currently living outside the U.S. but otherwise eligible to vote in Florida (§97.0535).

Political Party Affiliation: Florida is a closed primary election state. In primary elections, registered voters can only vote for their registered party's candidates in a partisan race on the ballot. In a primary election, all registered voters, regardless of party affiliation, can vote on any issue, nonpartisan race, and race where a candidate faces no opposition in the General Election. If you do not indicate your party affiliation when you register to vote for the first time, you will be registered as "No Party Affiliation" (NPA) (§97.053).

Rows 1-7 and 12 must be completed for a new registration. All applications must be signed.



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For more information including supervisor of elections' contact information and a list of registered political parties, visit www.dos.myflorida.com/elections.

This is: Initial Registration Record Update (e.g., Address, Name, Party Affiliation, Signature) Request to Replace Voter Information Card

1	Are you a citizen of the United States of America? <input type="checkbox"/> YES <input type="checkbox"/> NO			OFFICIAL USE ONLY				
	2	<input type="checkbox"/> I affirm I am not a convicted felon, or if I am, my rights related to voting have been restored.						
		3	<input type="checkbox"/> I affirm I have not been adjudicated mentally incapacitated with respect to voting, or, if I have, my competency has been restored.					
	4		Date of Birth (MM-DD-YYYY)					
5	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	<input type="checkbox"/> If none issued, check box.	
	[Grid for license/ID number]							[Grid for Social Security number]
6	Last Name		First Name		Middle Name		Name Suffix (Jr., Sr., I, II, etc.):	
7	Address of Legal Residence (Where you live, no P.O. Box)			Apt/Lot/Unit	City		County	Zip Code
8	Mailing Address (if different from above address)			Apt/Lot/Unit	City		State or Country	Zip Code
9	Address Where You Were Last Registered to Vote			Apt/Lot/Unit	City		State	Zip Code
10	Former Name (if name has changed since you last registered)		Sex <input type="checkbox"/> M <input type="checkbox"/> F	State or Country of Birth		Telephone No. (optional) ()		
11	<input type="checkbox"/> Email me SAMPLE BALLOTS if option is available in my county. My email address is:							

Party Affiliation (Check only one. First-time registrants will be registered as No Party Affiliation if left unchecked or blank.) <input type="checkbox"/> Florida Democratic Party <input type="checkbox"/> Republican Party of Florida <input type="checkbox"/> No Party Affiliation (NPA) <input type="checkbox"/> Minor Party (print party name): _____	Race/Ethnicity (Check only one) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black, <i>not of</i> Hispanic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> White, <i>not of</i> Hispanic Origin <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other: _____	(Check if applicable) <input type="checkbox"/> I am an active duty Uniformed Services or Merchant Marine member <input type="checkbox"/> I am a spouse or a dependent of an active duty uniformed services or merchant marine member <input type="checkbox"/> I am a U.S. citizen residing outside the U.S. who is eligible to vote in Florida	<input type="checkbox"/> I will need assistance with voting.
			<input type="checkbox"/> I would like to be a poll worker.

12	Oath: Under penalty for false swearing pursuant to s. 104.011, I do solemnly swear (or affirm) that I will protect and defend the Constitution of the United States and the Constitution of the State of Florida, that I am qualified to register as an elector under the Constitution and laws of the State of Florida, and that all information provided in this application is true.	SIGN/MARK HERE 	Date