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 3 Name	Voter's Date of Birth
Voter's Florida driver license (FL DL) or Flo	orida identification (FL ID) card number last 4 digits of social security number
Voter's Residential Address if different than above, please provid Voter's Mailing Address	de the mailing address for your ballot: Zip Code Zip Code
Voter's Mailing Address Please update my ☐ residential addre	City Zip Code zip Code zess and/or my
	Email (optional)
	I ballot covers all elections through the end of the calendar year for the next ensuing reguler has the option to specify the elections for which the voter wants to receive a vote-by-mail ba
Election date(s) for this request (opt	ional):
	for written requests or for when mailing address for ballot is other than the one on file ess the voter is an absent uniformed services voter or overseas voter)
Voter's Signature	Date
	te the bottom part if you are requesting a v mail ballot for someone else.
Designee's Name	nail ballot for someone else.
Designee's Name Designee's Address	nail ballot for someone else.
Designee's Name Designee's Address	
Designee's Name Designee's Address Phone Number (optional)	
Designee's Name Designee's Address Phone Number (optional)	CityZip CodeEmail (optional) tion (ID) card number last 4 digits of social security number
Designee's Name Designee's Address Phone Number (optional) Designee's driver license (DL) or identificat	
Designee's Name Designee's Address Phone Number (optional) Designee's driver license (DL) or identificat Designee's relationship to the voter:	