

# INSTRUCTIONS AND FORM FOR VOTE-BY-MAIL BALLOT CURE AFFIDAVIT

This affidavit is for a voter who returns a vote-by-mail ballot that does not include the voter's signature or whose signature does not match the voter's signature on file.

## A. Instructions – Read carefully before completing the affidavit. Failure to follow these instructions may cause your ballot not to count.

1. In order to ensure that your vote-by-mail ballot will be counted, your affidavit should be completed and returned as soon as possible so that it can reach the Supervisor of Elections of the county in which your precinct is located no later than 5 p.m. on the day before the election. You must:

Complete and sign the affidavit below - sign on the line above “(Voter’s Signature)”; **AND**

Include a copy of **one** of the following forms of identification (ID):

**Tier 1 identification** – Current and valid ID that includes your name and photograph: Florida driver license; Florida identification card issued by the Department of Highway Safety and Motor Vehicles; United States passport; debit or credit card; military, student, retirement center, neighborhood association, or public assistance ID; veteran health ID card issued by the U.S. Department of Veterans Affairs; Florida license to carry a concealed weapon or firearm; or employee ID card issued by any branch, department, agency, or entity of the Federal Government, the state, a county, or a municipality.

**OR if you do not have one of the above forms of ID, use one of these instead:**

**Tier 2 identification** - ID that shows your name and current residence address: current utility bill; bank statement; government check; paycheck; or government document (excluding voter ID card).

Return the completed affidavit **and** the copy of your ID to your county Supervisor of Elections by **one** of the following means:

- ♦ Deliver in person or by someone else; or
- ♦ Mail (Insert the completed affidavit **and** copy of the ID into a mailing envelope and address to the Supervisor of Elections. Be sure there is sufficient postage and make sure the Supervisor's address is correct); or
- ♦ Fax or email (Attach the completed affidavit **and** copy of the ID).

**Mailing Address:**  
Supervisor of Elections  
4455 Avenue A #101  
St. Augustine, FL 32095

**FAX Number: (904) 823-2249**

**E-Mail Address: [votebymail@votesjc.com](mailto:votebymail@votesjc.com)**

## B. Form

### VOTE-BY-MAIL BALLOT CURE AFFIDAVIT

I, \_\_\_\_\_, am a qualified voter in this election and registered  
(Print voter's name)

voter of \_\_\_\_\_ County, Florida. I do solemnly swear or affirm that I requested and returned  
(Print name of county)

the vote-by-mail ballot and that I have not and will not vote more than one ballot in this election. I understand that if I commit or attempt any fraud in connection with voting, vote a fraudulent ballot, or vote more than once in an election, I may be convicted of a felony of the third degree and fined up to \$5,000 and imprisoned for up to 5 years. I understand that my failure to sign this affidavit means that my vote-by-mail ballot will be invalidated.

**I am including a copy of my ID as required above.**

**Check this box** →

\_\_\_\_\_  
(Voter's Signature)

\_\_\_\_\_  
(Voter's Address)