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.

oter's Name:	<i>\</i>	/oter's Date of Birth: //
Voter's Florida driver license (FL DL) or Flori	da identification (FL ID) card number:	If no FL last 4 digits of Social Security Number: DL or FL ID, then provide
oter's Home Address:		
ity:	State:	Zip code:
Voter's mailing address for ballot:		City:
only if different than nome address) State:	Zip code: Country, if out	tside US:
lease update my \square residential addr	ess and/or my \square mailing address in my v	voter record with the information listed above.
none number (optional):	Email address (optional):	
	ough the end of the calendar year of the n	ext general election. If you only want a ballot for
You must also complete the s	euniformed services voter or overseas vote	te-by-Mail Ballot for someone else.
esignee's Home Address:		
ity:	State:	Zip code:
Designee's driver license or identification card	number:	If no last 4 digits of Social Security Number: DL or ID, then provide
none 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:	lirectly instructed me to make this request	Date: / / /