

# STATEWIDE VOTE-BY-MAIL REQUEST

(s. 101.62, F.S.)

I am requesting a vote-by-mail ballot for MYSELF.

Voter's name: \_\_\_\_\_

Voter's address: \_\_\_\_\_

Voter's date of birth: \_\_\_\_\_

Voter's Florida DL or ID card number, or SSN last four digits: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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I have been directly instructed by a voter (with a DISABILITY OR INABILITY TO READ OR WRITE) to request a vote-by-mail ballot for that voter; OR

I am an IMMEDIATE FAMILY MEMBER or LEGAL GUARDIAN of a voter who has directly instructed me to request a vote-by-mail ballot for that voter.

Voter's name: \_\_\_\_\_

Voter's address: \_\_\_\_\_

Voter's date of birth: \_\_\_\_\_

Voter's Florida DL or ID card number, or SSN last four digits: \_\_\_\_\_

Requester's name: \_\_\_\_\_

Requester's address: \_\_\_\_\_

Requester's Florida DL or ID card number, or SSN last four digits: \_\_\_\_\_

Requester'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 the voter's spouse /  voter's legal guardian

SIGNATURE: \_\_\_\_\_