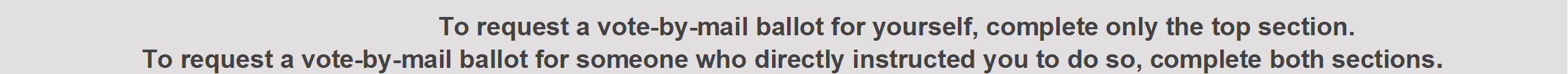
Statewide Vote-By-Mail Ballot Request Form

(s. 101.62. F.S.)

Voter’s Name: Voter’s Date of Birth: / /

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.

Voter’s Florida driver license (FL DL) or Florida identification (FL ID) card number:

If no FL last 4 digits of Social Security Number:

DL or FL ID, then provide

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Voter’s Home Address:

City: State: Zip code:

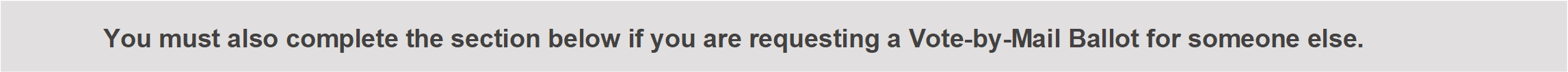
City: State: Zip code: Country, if outside US:

Voter’s mailing address for ballot:

(only if different than home address)

Please update my ☐ **residential address** and/or my ☐ **mailing address** in my voter record with the information listed above. Phone number (optional): Email address (optional):

This request is good for all elections through the end of the calendar year of the next general election. If you only want a ballot for specific elections, list them here: ddd



Voter’s Signature: Date: / /

(not required if voter is an absent uniformed services voter or overseas voter, or if request is made by a designee)

You must also complete the section below if you are requesting a Vote-by-Mail Ballot for someone else.

Designee’s Name:

Designee’s Home Address:

City: 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

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Phone 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: Date: / /

The voter directly instructed me to make this request for them.

DS-DE 160 (eff.\_/2023) Rule 1S-2.055, F.A.C.