Form for Personal delivery of Vote-by-Mail Ballot

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| **Section I. Emergency Pick-up Affidavit**(Complete if receiving a vote-by-mail ballot on or within 10 days of and up to 7 p.m. on Election Day.) |
| The following emergency prevents from voting at an Early Voting site or their Election Day polling place: Voter’s Name (Print)(specify emergency)I understand that any person who willfully affirms falsely to any affirmation in connection with elections and any person who perpetrates any fraud in connection with any vote to be cast in an election violates sections 104.011 and 104.041, Florida Statutes, can be convicted of a felony of the third degree and fined up to $5,000 and/or imprisoned for up to five years under each of the named statutes. **Under penalties of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true.** **/ /** Voter’s Name (Print) Voter’s Signature Date (MM/DD/YYYY) |
| **Section II. Designee Affidavit**(Complete anytime a designee is picking up ballot for a voter) |
| I hereby swear or affirm that I have been designated by to pick up a Vote-by-Mail ballot on their behalf for this election. The voter: Voter’s Name* Is a member of my immediate family: , or
* Is NOT a member of my immediate family, and/or Relationship
* Is a person with a disability who has asked me to pick up their ballot.

 **/ /** Designee’s Name (Print) Designee’s Signature Date (MM/DD/YYYY)(A designee must present a photo ID and may not pick up more than two vote-by-mail ballots per election, other than their own ballot and those of the designee’s immediate family or voters with disabilities.) |
| **Section III. Voter’s Authorization of Designee**(Complete if voter’s authorization is not already on file) |
| I, the voter, designate to pick up my ballot for this election.Print designee’s name **/ /** Voter’s Name (Print) Voter’s Signature Date (MM/DD/YYYY) **/** Voter’s Date of Birth (MM/DD/YYYY) or Voter ID number Voter’s Residential Address |
| **For Official Use Only** |
| * Emergency pickup by Voter **OR** ☐ Emergency pickup by Designee (Section I)

 VBM request on file **OR**  VBM request submitted with pick up Voter ID **OR**  Designee ID ( ) Pick up by designee (Section II) Type of ID provided* Voter authorization on file **OR** ☐ Section III completed AND ☐ voter’s signature on form matches signature on record
 | Check applicable box and notate in record VBM as provisional:* Voter challenge on file
* Voter is a person to whom notice has been sent pursuant to s. 98.075(7), but for whom a final determination of eligibility has not been made
* Voter has already voted in election
* Voter previously sent VBM in election
* Voter’s signature on form does not match signature on record
 |
| Name of Election Official: Signature Date  |

This form becomes a public record when submitted to the Supervisor of Elections’ Office. Confidential and/or exempt information is not disclosed.

**Florida Department of State Form DS-DE XXXXX (Eff. / ) Section 101.62(3)(d)5. – (5), Fla. Stat., and Rule 1S-2.052, Fla. Admin. Code**