

SIGNATURE CURE AFFIDAVIT FOR VOTE-BY-MAIL BALLOT

(This affidavit for use by a voter who returns a vote-by-mail ballot with a missing or mismatched signature on the Voter's Certificate)

I. INSTRUCTIONS – *READ CAREFULLY TO HAVE YOUR VOTE-BY-MAIL BALLOT COUNT:*

Complete and return this form as soon as possible so that so 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. Use the following as a checklist - 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):
 - a. *ID that includes your name and photograph*: United States passport, debit or credit card, or military, student, retirement center, neighborhood association, or public assistance ID, veteran health ID card issued by U.S. Department of Veterans Affairs, a Florida license to carry a concealed weapon or firearm, or an employee ID card issued by any branch, department, agency, or entity of the Federal Government, the state, a county, or a municipality; **or**
 - b. *ID that shows your name and current residence address*: current utility bill, bank statement, government check, paycheck, or government document (excluding voter ID card); **AND**
- 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** ID into a mailing envelope and address to the supervisor. Be sure there is sufficient postage and the supervisor’s address is correct]; or
 - Fax or email [Attach the completed affidavit **and** copy of the ID].

Deliver or mail to: Sarasota County Supervisor of Elections, 101 S. Washington Blvd, Sarasota, FL 34236

Fax: (941) 861-8617 or email: votebymail@sarasotavotes.com

Contact us with questions: (941) 861-8618

II. VOTE-BY-MAIL BALLOT AFFIDAVIT

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

registered voter of _____ County, Florida. I do solemnly swear or affirm that
(Print name of county)

I requested and returned 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.

(Voter's Signature)

(Voter's Address)