Florida Absentee Ballot Application

Revised January 2023

This application must be received by the Supervisor of Elections by 5pm on the 10th day before Election Day. Mail your completed application to your Supervisor of Elections.

You can find the mailing addresses here: https://dos.elections.myflorida.com/supervisors/.

	Middle name	Last name	Suffix	
Date of Birth	FI	orida ID Number or Last fou	r of Social Security Number	
			•	
Phone number (optional)	Eı	Email address (optional)		
am registered to vote at this Floric	da address:			
Street Address				
City/Town		State	Zip Code	
		Florida		
Ballot delivery method:				
 I will pick my absentee ballot up in I will designate a representative to I would like my ballot mailed to me 	pick up the ballot for me			
Address:				
City/Town		State	Zip Code	
Check the election(s) for which yo	u are requesting a ball	ot:		
All elections that I'm eligible for	until December 31, 2024	4		
Other specific election				
		Dat	e	
Signature				
Signature f you are applying on behalf of a as legal guardian, please comple	=	member, or a persor	n for whom you se	
f you are applying on behalf of a	ete this section also	member, or a persor	n for whom you se	

This application was created by VoteAmerica.com in accordance with the the requirements outlined here: https://dos.myflorida.com/elections/for-voters/voting/vote-by-mail/

This form is for individual use only. Please email info@voteamerica.com if you have any questions about this form.