



Florida Voter Registration Application

TO REGISTER, YOU MUST:

- Be a citizen of the United States of America. (Box 2)
- Be a Florida resident. (Box 8)
- Be 18 years old. (You may pre-register if you are 17 or if you have a valid driver's license before your 17th birthday.) (Box 5)
- Not be adjudicated mentally incapacitated with respect to voting unless that right is restored. (Box 4)
- Not be a convicted felon unless you have had your civil rights restored. (Box 3)
- Provide your current and valid Florida driver's license number or Florida identification card number. If you do not have a current and valid Florida driver's license or Florida identification card, you must provide the last four digits of your Social Security number. If you do not have a Florida driver's license number, Florida identification card number or Social Security number, write "NONE" in the box. (Box 6)
- Complete all information in the black boxes on the application. (Boxes 2, 3, 4, 5, 6, 7, 8, 16)

YOU CAN USE THIS FORM TO:

- Register to vote in the State of Florida
- Change name or address
- Replace your defaced, lost or stolen Voter Information Card
- Register with a political party or change party affiliation
- Update your signature

DEADLINE INFORMATION

If this is a new registration application in Florida, the date the completed application is postmarked or hand delivered to a driver's license office, a voter registration agency, an armed forces recruitment office, the Division of Elections, or the office of any supervisor of elections in the state will be your registration date. You must be registered for at least 29 days before you can vote in an election. If your application is complete and you are qualified as a voter, a voter information card will be mailed to you.

PARTY AFFILIATION (BOX #12)

If you wish to register with a major political party, place an "X" in the box next to the desired major party. If you wish to register with a minor political party, place an "X" in the box preceding "minor party" and then print the name of the desired minor party. For a list of all political parties registered in Florida, go to the Division of Elections' web site: <http://election.dos.state.fl.us/online/parties.shtml>. If you do not wish to

register with any political party, place an "X" in the box preceding "NONE." Florida is a closed primary election state. Therefore, to vote in a primary election for partisan candidates, you must be a registered voter in the party for which a primary is being held. Regardless of party affiliation, all registered voters can vote on issues and non-partisan candidates.

NOTICE

The office at which you register or your decision not to register, your SSN, your FL DL# and your FL ID card# will remain confidential and will be used only for voter registration purposes.

NOTE

If the information on this application is not true, the applicant can be convicted of a felony of the third degree and fined up to \$5,000 and/or imprisoned for up to five years.

QUESTIONS

Contact the office of your county supervisor of elections for additional information. Contact information is on the website for the Division of Elections: <http://election.dos.state.fl.us/county/index.shtml>

INFORMACIÓN EN ESPAÑOL

Sírvase llamar a la oficina del supervisor de elecciones de su condado si le interesa obtener este formulario en Español.

PLEASE COMPLETE THE APPLICATION BELOW. PLEASE PRINT USING A BLACK BALLPOINT PEN.

- 1) Black boxes must be completed on the application below for registration to be valid. 2) Return this completed application to the office of your supervisor of elections. 3) If you are a first-time voter in this state applying by mail to register to vote and you have not been issued a FL DL#, FL ID#, or SSN, include a copy of your ID with the application (see Special Identification Requirements for additional information required). 4) Mail with first-class stamp.

REVISED 1/08

FLORIDA VOTER REGISTRATION APPLICATION

1 Check boxes that apply: New Registration Address Change Party Change Name Change Card Replacement Signature Update

OFFICIAL USE ONLY:
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2 Are you a citizen of the United States of America? Yes No (If NO, you cannot register to vote)

3 I affirm I am not a convicted felon, or if I am, my rights relating to voting have been restored.

4 I affirm I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my right to vote has been restored.

IF YOU ANSWERED NO TO QUESTION 2, OR IF YOU ARE UNABLE TO AFFIRM THE STATEMENTS IN BOXES 3 AND 4, YOU ARE INELIGIBLE TO REGISTER TO VOTE. DO NOT COMPLETE THIS APPLICATION.

5 Date of Birth (MM/DD/YYYY) / /

6 If you have a current and valid FL DL# or FL ID card#, you must provide the number in this box. If you do not have either, provide the last 4 digits of your SSN. If you have not been issued a FL DL#, FL ID card#, or SSN, write "NONE":

7 Last Name Suffix (circle) Jr. Sr. II III IV First Name Middle Name/Initial

8 Address Where You Live (Legal Residence) DO NOT GIVE P.O. BOX Apt/Lot/Unit City County of Legal Residence State Zip Code

9 Mailing Address If Different from Above Apt/Lot/Unit City Country State Zip Code

10 Address Last Registered to Vote Apt/Lot/Unit City Country State Zip Code

11 Former Name if Making Name Change Day Phone Number (optional)

12 Party Affiliation (Check only one) Democratic Party Republican Party minor party (print registered party name): NONE

13 Race/Ethnicity (Check only one) American Indian/Alaskan Native Asian/Pacific Islander Black, not Hispanic Hispanic White, not Hispanic

14 Sex M F Do you need voting assistance at the polls? Yes No Are you interested in being a poll worker? Yes No State or Country of Birth

15 Are You: Active Duty Military/Merchant Marine Dependent of Active Duty Military/Merchant Marine U.S. Citizen Currently Residing Outside the U.S.

16 OATH: I do solemnly swear (or affirm) that I will protect and defend the Constitution of the United States and the Constitution of the State of Florida, that I am qualified to register as an elector under the Constitution and laws of the State of Florida, and that all information provided in this application is true.

SIGNATURE: Sign or mark on line in box below. (Invalid without signature or mark of applicant)

X

Date: