

SIGNATURE CURE AFFIDAVIT FOR VOTE BY MAIL BALLOT

(The affidavit is for use by a voter who returns a vote by mail ballot with a signature issue on their Voter's Certificate.)

1. INSTRUCTIONS

Use the following checklist to complete and return this form to the Palm Beach County Supervisor of Elections Office ***no later than 5:00 pm on the Monday before the election.***

- Complete and sign the affidavit below AND
- Include a copy of one of the following forms of identification (ID) that shows your name and photograph(if the affidavit is not submitted in person):
 - a. Identification that includes your name and photograph: Florida Drivers License, Florida ID, United States Passport, debit or credit card, military identification, student identification, retirement center identification, neighborhood association identification, public assistance identification, veteran health identification card issued by the United States Department of Veteran Affairs, a Florida license to carry a concealed weapon or firearm, or an employee identification card issued by any branch, department, agency or entity of the Federal Government, the state, a county or a municipality.
 - OR**
 - b. Identification that shows your name and current residence address: current, utility bill, bank statement, government check, paycheck, or government document (excluding voter information card).

Return this completed affidavit and the copy of your identification documents to the Supervisor of Elections ***no later than 5:00 pm on the Monday before the election:***

- Deliver to our office (by you or another person)
- Mail to: PBC Supervisor of Elections Office, PO Box 22309, West Palm Beach, FL 33416
- Fax 561-656-6220 or email absentee@pbcelections.org

Please contact us immediately if you have any questions at 561-656-6200 (Option 2)

2. VOTE BY MAIL BALLOT AFFIDAVIT

I _____, am a qualified voter in this election and registered voter of Palm Beach County, Florida.
(Print Voters Name)

I do solemnly swear or affirm that I requested and returned the vote by mail ballot and 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 Address / Residence:

Voter Must Sign Here

OFFICIAL USE ONLY

FVRS#:

SIGNATURE VERIFY

VALID ID (TYPE):

ACCEPTED

REJECTED