

# Florida Absentee Ballot Application

*Revised April 2020*

This application must be received by the Supervisor of Elections by 5pm on the 6<sup>th</sup> 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/>.

My basic information is:

First name	Middle name	Last name	Suffix
Date of Birth		Florida Driver's License Number	
Phone number (optional)		Email address (optional)	

**I am registered to vote at this Florida address:**

Street Address		
City/Town	State <b>Florida</b>	Zip Code

**Ballot delivery method:**

- ☐ I will pick my absentee ballot up in person  
☐ I will designate a representative to pick up the ballot for me  
☐ I would like my ballot mailed to me at the following address:

Address:		
City/Town	State	Zip Code

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**If you are applying on behalf of an immediate family member, or a person for whom you serve as legal guardian, please complete this section also**

Your full name	Your relationship to the voter
Your Florida driver's license number	Your phone number
Your home address	

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](mailto:info@voteamerica.com) if you have any questions about this form.