State of Florida
Application for Absentee Ballot

November 4th General Election

FULL NAME
(please print)

First: Middle: Last: Suffix:

DATE OF BIRTH

MM/DD/YYYY:

REGISTERED ADDRESS

Address: Address 2:

City: County: State: Zip Code:

HOW WOULD YOU LIKE THE ABSENTEE BALLOT DELIVERED?

☐ Pick absentee ballot up in person
☐ Designate a representative to pick up the ballot (give name) _____
☐ Mail to the following address:

Address: Address 2:

City: State: Zip Code:

CONTACT INFORMATION

Phone Number: Email Address:

SIGNATURE   **DATE**

                                        MM/DD/YYYY:

I swear and affirm that all the above information is true and correct.