

FLORIDA VOTER REGISTRATION APPLICATION FORM

You Can Use This Form To:

- Register to vote in the State of Florida.
- Change name or address.
- Replace your defaced, lost, or stolen registration identification card.
- Register with a political party or change parties.
- Update your signature.

To Register, You Must:

- Be a U.S. citizen.
- Be a Florida resident.
- Be 18 years old (you may pre-register if you are 17).
- Not now be adjudicated mentally incapacitated with respect to voting in Florida or any other state.
- Not have been convicted of a felony in Florida, or any other state, without your civil rights having been restored.
- Not claim the right to vote in another county or state.
- Complete all information in the bold box below.

Deadline Information: If this is a new registration form, the date the completed form is postmarked or hand delivered to your county supervisor of elections 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 registration identification card will be mailed to you.

Homestead Exemption: If you have a homestead exemption in Florida and you register in a precinct other than the one in which the homestead property is located, the applicable property appraiser will be notified. Your property may be subject to back taxes and your homestead exemption terminated, if it is determined that you are not entitled to such an exemption.

Party Affiliation: If you wish to register with a major political party, place an "X" in the box preceding the listed party with which you wish to affiliate. If you wish to

register with a minor political party, place an "X" in the box preceding "Other" and print the name of the party with which you wish to affiliate. If you wish to register without party affiliation, place an "X" in the box preceding "No Party Affiliation."

Last Four Digits Of Your SSN: The disclosure of the last four digits of your Social Security number is required pursuant to sections 97.052(2)(l) and 97.053(5)(a)5., Florida Statutes.

Notice: The office at which you register, or your decision not to register, will remain confidential and will be used only for voter registration purposes.

Questions: Call your county elections office at the telephone number listed on the reverse side of this form.

Informacion en Espanol: Sirvase llamar a la oficina de elecciones de su condado si le interesa obtener este formulario en espanol.

When form is completed, fold on dotted line, peel off tape, seal and mail with first-class stamp.

Each question in the bold box below must be completed. Please print using a black ballpoint pen.

Revised 10/02

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

Official Use Only

Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If NO, you cannot register to vote.)		<input type="checkbox"/> I affirm I am not a convicted felon, or if I am, my rights relating to voting have been restored.		<input type="checkbox"/> I affirm I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my competency has been restored.	
Last Name/Suffix/Hyphen		First Name	Middle Name/Initial	Date of Birth (MM/DD/YYYY)	SSN (Last 4 digits)

Address Where You Live (Legal Residence) **DO NOT GIVE P.O. BOX.**

Apt/Lot/Unit	City/Town/Village	Zip Code	County of Legal Residence
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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. I am qualified to register as an elector under the Constitution and laws of the State of Florida. I am a U.S. citizen. I am a legal resident of Florida. All information on this form is true. I understand that if it is not true, I can be convicted of a felony of the third degree and fined up to \$5,000 and/or imprisoned for up to five years.

SIGNATURE: Sign or mark on line below. (Invalid without signature or mark.)

X _____ Date: ____ / ____ / ____

	Address	City	County	State	Zip Code
Mailing address if different from above:					
Address where last registered to vote:					
Address of homestead exemption property:					
Former name if making a name change:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F				
FL Driver License /FL ID Number:	Day Phone Number:				
Party Affiliation (Check only one): <input type="checkbox"/> Democratic Party <input type="checkbox"/> Republican Party <input type="checkbox"/> No Party Affiliation <input type="checkbox"/> Other (print party name):					
Race/Ethnicity: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black, not Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> White, not Hispanic					
State or Country of Birth:					
Do you need voting assistance at the polls? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you interested in being a poll worker? <input type="checkbox"/> Yes <input type="checkbox"/> No		