SIGNATURE AFFIDAVIT FOR VOTE-BY-MAIL BALLOT

(The affidavit is for use by a voter who returns a vote-by-mail ballot to cure a signature issue from the Voter's Certificate)

	0.8 155	nthe voter's Certificate)
INSTRUC	CTIONS – <i>READ CAREFULLY TO</i>	HAVE YOUR VOTE-BY-MAIL BALLOT COUNT:
		le so that it can reach the Duval County Supervisor of re the election. Use the following as a checklist - you
□ Comp	olete and sign the affidavit below - sig	n on the line above "(Voter's Signature)"; <u>AND</u>
	military, student, retirement center, ne health ID card issued by U.S. Department	graph: United States passport, debit or credit card, or eighborhood association, or public assistance ID, veteran at of Veterans Affairs, a Florida license to carry a concealed ard issued by any branch, department, agency, or entity of the
b.	•	residence address: current utility bill, bank statement, rnment document (excluding voter ID card); AND
		y of your ID to the Duval County Supervisor of
	ons by <u>one</u> of the following means:	
•	Deliver in person or by someone else	
•	*	ID into a mailing envelope and address to the ent postage and the supervisor's address is
•	Fax or email [Attach the completed aff	idavit and copy of the ID].
Du	Fax: 904-630-2920	105 East Monroe St, Jacksonville, FL 32202 Phone 904-630-1414 yles@coj.net
II.	VOTE-BY-MAIL B	ALLOT AFFIDAVIT
I,		, am a qualified voter in this election and
	(Print voter's name)	
by-mail ba commit or election, I	llot and that I have not and will not vote attempt any fraud in connection with ve may be convicted of a felony of the thir	elemnly swear or affirm that I requested and returned the vote more than one ballot in this election. I understand that if I oting, vote a fraudulent ballot, or vote more than once in an ed degree and fined up to \$5,000 and imprisoned for up to 5 davit means that my vote-by-mail ballot will be invalidated.
	gnature)	(Date of Birth/Voter ID number)
(Voter's Si		

Form DS-DE 139 (eff. 07-2016)

(Type of Identification Included)