

**VOTE-BY-MAIL CURE AFFIDAVIT – INSTRUCTIONS AND FORM**

This affidavit is for a voter who returns a vote-by-mail ballot certificate that does not include the voter’s signature or whose signature does not match the voter’s signature on file.

**A. Instructions – READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE AFFIDAVIT. FAILURE TO FOLLOW THESE INSTRUCTIONS MAY CAUSE YOUR BALLOT NOT TO COUNT.** To ensure that your vote-by-mail ballot will be counted, your affidavit should be completed and returned as soon as possible so that it can reach the Duval County Supervisor of Elections ***no later than 5 p.m. on the second day after the election.*** You must:

- Complete and sign the affidavit below - sign on the line above “(Voter’s Signature)”**
- Make a copy of one of the following forms of identification (ID):**

**Tier 1 identification -Current and valid ID that includes your name and photograph:** Florida driver license; Florida identification card issued by the Department of Highway Safety and Motor Vehicles; United States passport; debit or credit card; military, student, retirement center, neighborhood association, or public assistance ID; veteran health ID card issued by U.S. Department of Veterans Affairs; Florida license to carry a concealed weapon or firearm; or employee ID card issued by any branch, department, agency, or entity of the Federal Government, the state, a county, or a municipality.

**OR if you do not have one of the above forms of ID, use one of these instead:**

**Tier 2 identification -ID that shows your name and current residence address:** current utility bill; bank statement; government check; paycheck; or government document (excluding voter information card).

**Return the completed affidavit and the copy of your ID to the Duval County Supervisor of Elections:**

- Deliver in person or by someone else,
- Fax or email (attach the completed affidavit and copy of the ID), or
- Mail, if time permits (insert the completed affidavit and copy of the ID into a mailing envelope and mail to the address below. Be sure there is sufficient postage and the supervisor’s address is correct)

**Duval County Supervisor of Elections, 105 East Monroe St, Jacksonville, FL 32202**  
**Fax: 904-255-3434 Phone 904-255-3442**  
**Patricia Carter [pcarter@coj.net](mailto:pcarter@coj.net)**

Remember, your information **MUST** reach our office no later than 5:00 P.M. on the second day after the election, or your ballot will not count.

**B. Form**

**Vote-by-Mail Ballot Cure Affidavit**

I, \_\_\_\_\_, am a qualified voter in this election and registered

**(Print voter’s name)**

voter of Duval County, Florida. I do solemnly swear or affirm that I requested and returned the vote-by-mail ballot and that 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 Signature**

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

\_\_\_\_\_  
**Voter’s Address**

\_\_\_\_\_  
**Voter’s Email**

\_\_\_\_\_  
**Voter’s Phone Number**