

VOTE-BY-MAIL BALLOT REQUEST FORM

Duval County Supervisor of Elections • 105 E. Monroe St., Jacksonville, FL 32202
Phone (904) 255-8683 | Fax (904) 255-3434 | www.duvalelections.gov

* = REQUIRED

VOTER'S IDENTIFYING INFORMATION

*Voter's Name _____ *Voter's Date of Birth _____

*Voter's Fla. Driver License # or Fla. Identification Card # _____

*Last Four Digits of Voter's Social Security Number _____

You must provide **either** the voter's Florida Driver License #, Florida Identification Card #, **or** last four digits of the voter's Social Security number, whichever can be confirmed on the voter's record. If you do not remember which number is on the voter registration record, it is requested that you provide all numbers.

DUVAL COUNTY RESIDENTIAL ADDRESS

NOTE: ONLY THE VOTER MAY MAKE CHANGES TO INFORMATION ON THE VOTER'S RECORD.

*Street _____ Apt/Unit/Lot _____

*City _____ *State _____ *Zip _____ Daytime Phone _____

Please change my legal address on my voter registration record to the above residential address.

BY COMPLETING THIS FORM, YOU ARE REQUESTING BALLOT(S) TO BE SENT TO THE ADDRESS ON FILE UNLESS YOU PROVIDE A BALLOT MAILING ADDRESS BELOW.

BALLOT MAILING ADDRESS (if different than residential address)

Except for UOCAVA voters (uniformed services, merchant marine, and overseas voters), Florida law does not permit vote-by-mail ballots to be forwarded by the post office. Section 101.62(4)(c)(1-2) Fla. Statutes

IF YOU PROVIDE A BALLOT MAILING ADDRESS BELOW, YOU ARE REQUESTING BALLOTS TO BE SENT TO THE **BALLOT MAILING ADDRESS**. PLEASE CONTACT OUR OFFICE WITH ANY QUESTIONS.

Street _____ Apt/Unit/Lot _____

City, State, Zip _____ Country _____

BALLOT REQUESTED FOR

ALL ELECTIONS
for which I am eligible
through December
31, 2024

OR

SPECIFIC ELECTION(S):

- PRESIDENTIAL PREFERENCE PRIMARY ELECTION (March 19, 2024)
 PRIMARY ELECTION (August 20, 2024)
 GENERAL ELECTION (November 5, 2024)

A request for a vote-by-mail ballot to be mailed must be received by the Supervisor of Elections no later than 5:00 p.m. on the 10th day before the election. Section 101.62(2), Fla. Statutes

*Signature of Voter _____ Date _____

For a vote-by-mail ballot to be counted, the voter's signature returned with the ballot **must match** the signature on the voter's registration record. You can update your signature by completing a Florida Voter Registration Application.

* = REQUIRED

Requester's Information (if other than voter) Only an immediate family member or legal guardian may request a vote-by-mail ballot for a voter. Section 101.62(1)(b) Fla. Statutes

*Relationship: Legal Guardian Spouse Parent Child Grandparent Grandchild Sibling
 Spouse's parent Spouse's grandparent Spouse's grandchild Spouse's sibling

*Requester's Name _____

*Requester's Address _____

Requester's Driver's License #, Identification Card #,
or Last Four Digits of Social Security # (if available) _____

*Requester's Signature _____ Date _____

Per Florida's public records law, email addresses and phone numbers provided are public record.
You may track the status of your mail ballot from the "My Voter Status" button at www.duvalelections.gov.