

**Vote-By-Mail Ballot Request Form**  
Duval County Supervisor of Elections  
105 East Monroe Street, Jacksonville, FL 32202  
Phone (904) 255-8683 | Fax (904) 255-3434  
www.duval elections.gov

\* = REQUIRED

\*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.

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

**Duval County Residential Address**

\*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:**

- Primary Election 8/23/2022                       All elections for which I am eligible  
 General Election 11/8/2022                      through December 31, 2022

*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 10<sup>th</sup> 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.duval elections.gov](http://www.duval elections.gov).**