

INSTRUCTIONS AND FORM FOR VOTE-BY-MAIL BALLOT CURE AFFIDAVIT

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

A. Instructions – Read carefully before completing the affidavit. Failure to follow these instructions may cause your ballot not to count.

1. In order 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 day before 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 ID card).

- Return the completed affidavit and the copy of your ID to the Duval County Supervisor of Elections by one of the following means:
 - Deliver in person or by someone else; or
 - Mail (Insert the completed affidavit and copy of the ID into a mailing envelope and address to the address below. Be sure there is sufficient postage and the supervisor's address is correct); or
 - Fax or email (attach the completed affidavit and copy of the ID).

Duval County Supervisor of Elections, 105 East Monroe St, Jacksonville, FL 32202
Fax: 904-630-2920 Phone 904-630-8033
Linda Hinson lhinson@coj.net

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 of Birth/Voter ID number)

(Street Address)

(City, State, Zip)