**Provisional Ballot Cure Affidavit – Instructions and form**

This affidavit is for a voter whose provisional ballot certificate does not include the voter’s signature or whose signature does not match the voter’s signature on file.

1. **Instructions –** READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE AFFIDAVIT. FAILURE TO FOLLOW THESE INSTRUCTIONS MAY CAUSE YOUR BALLOT NOT TO COUNT**.** To cure the missing signature or the signature discrepancy on your Provisional Ballot Voter’s Certificate and Affirmation, your affidavit should be completed and returned as soon as possible so that it can reach the supervisor of elections of the county in which your precinct is located **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 ID 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 address 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: 904-255-3528 Phone 904-763-2018**

**Monica Lozano mlozano@coj.net**

Remember, your information MUST reach our office no later than 5:00 P.M. on the 2nd day following the election or your ballot will not count. Submitting a provisional ballot affidavit does not establish your eligibility to vote in this election or guarantee that your ballot will be counted. The county canvassing board determines your eligibility to vote through information provided on the Provisional Ballot Voter’s Certificate and Affirmation, written evidence provided by you, including information in your cure affidavit along with any supporting identification, and any other evidence presented by the supervisor of elections or a challenger. You may still be required to present additional written evidence to support your eligibility to vote.

**B. Form**

**Provisional Ballot Cure Affidavit**

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

voter of **Duval County**, Florida. I do solemnly swear or affirm that I voted a provisional ballot and that I have not and will note 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 will invalidate my ballot.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Voter’s Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Voter’s Address**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Voter’s Email Voter’s Phone Number**

Form DS-DE 210 (eff. 7-2019) Florida Department of State/Division of Elections Form Section 101.048, Florida Statute