

SIGNATURE CURE AFFIDAVIT FOR VOTE-BY-MAIL BALLOT

(The affidavit is for use by a voter who returns a vote-by-mail ballot containing a signature that does not match the signature on record)

I. INSTRUCTIONS – *READ CAREFULLY TO HAVE YOUR VOTE-BY-MAIL BALLOT COUNTED:*

Complete and return this form to the Miami-Dade Elections Department *no later than 5 p.m. on the day before the election*. Use the following as a checklist - you must:

- Complete the affidavit and sign your name on the line above (Voter's Signature) on the affidavit below.
- Include a copy of one of the following forms of identification (ID):
 - a. *ID that includes your name and photograph:* Florida driver license, Florida identification card issued by DHSMV, United States passport, debit or credit card, or military, student, retirement center, neighborhood association, or public assistance ID, Veteran health identification card issued by the United States Department of Veterans Affairs, A license to carry a concealed weapon or firearm issued pursuant to s. 790.06; Employee identification card issued by any branch, department, agency, or entity of the Federal Government, the state, a county, or a municipality.

OR

- b. *ID that shows your name and current residence address:* current utility bill, bank statement, government check, paycheck, or government document (excluding voter ID card).
- Provide the completed affidavit **and** the copy of your ID to the Miami-Dade Elections Department by **one** of the following means:

Mail To: Miami-Dade Elections Department
Vote-by-Mail Section
PO Box 521250
Miami, FL 33152-9809
Be sure there is sufficient postage

Email: votebymail@miamidade.gov
Provide documents as attachments

OR **Fax:** 305-499-8401
Provide documents as attachments

Contact information for each Supervisor of Elections can be found on this webpage:
http://election.dos.state.fl.us/SOE/supervisor_elections.asp

II. AFFIDAVIT

I, _____, am a qualified voter in this election and
(Print voter's name)
registered voter of _____ County, Florida. I do solemnly swear or affirm that
(Print name of county)

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) **FVRS#** _____

(Voter's Address)