

AFFIDAVIT TO RETRIEVE/RETURN VOTE-BY-MAIL BALLOT FOR A VOTER

Note: A designee must present a photo ID and may not pick up more than two vote-by-mail ballots per election, other than their own ballot and those of the designee's immediate family or voters with disabilities.

Written Authorization for Voter

I _____ / _____ hereby designate
(Voter's name-printed) (Voter's signature)

_____ to pick up/return my vote-by-mail ballot for the _____.
(Print designee's name) (Specify for which election)

Reason as to why I am unable to pick up/return my vote-by-mail ballot: _____.

Attention: Provide the following additional information if you (the voter) do not already have a vote-by-mail ballot request on record:

Voter's date of birth (MM/DD/YY)

Voter's address

Daytime phone #

Florida DL/ ID number or last four of SSN

Affidavit Authorization for Designee

I _____ hereby swear or affirm that _____.
(Print the designee's name) (Print the voter's name)

has authorized me to pick up/return a vote-by-mail ballot on his or her behalf for the _____.
(Specify for which election)

Check applicable box:

- ☐ I am a member of the voter's immediate family and my relation to the voter is _____.
(Relationship)
- ☐ I am not a member of the voter's immediate family but have a physician's statement as to why voter is unable to pick up/return ballot, and/or
- ☐ The voter is a person with a disability who has asked me to pick up their ballot.

Designee produced the following picture identification: _____.
(Type of identification)

I understand that any person who perpetrates any fraud in connection with any vote to be cast violates Florida Statutes and the Code of Miami-Dade County. This can result in a felony conviction, fines, and/or imprisonment. Under penalties of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true.

Signature of designee

Date