

VOTE-BY-MAIL BALLOT CURE AFFIDAVIT

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 5:00 p.m. on the 2nd day after the election*. Use the following as a checklist - you must:

Complete the affidavit and sign your name on the line above (Voter's Signature).

Include a copy of **one** of the following forms of identification (ID):

Tier 1: Identification – Current and valid identification that includes your name and photograph: Florida driver license; Florida ID card issued by the Department of Highway Safety and Motor Vehicles; 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; Florida license to carry a concealed weapon or firearm; or employee identification card issued by any branch, department, agency, or entity of the Federal Government, the state, a county, or a municipality.

or

Tier 2: Identification – ONLY IF YOU DO NOT HAVE A TIER 1 FORM OF ID – ID that shows your name and current residence address: current utility bill; bank statement; government check; paycheck; or government document (excluding voter information 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 33152-1250
Be sure there is sufficient postage

Email: vbmaffidavits@miamidade.gov
Provide documents as attachments

OR Fax: 305-275-7760
Provide documents as attachments

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# _____
(Optional)

(Voter's Address)