VOTE-BY-MAIL CURE AFFIDAVIT

(For use by a voter who returned a Vote-by-Mail ballot without a signature or with a non-matching signature on the Voter’s Certificate)

Use the following checklist to complete and return this form to the Leon County Supervisor of Elections Office no later than 5 p.m. on the Thursday following Election Day.

☐ **STEP 1:** Complete and sign the affidavit below; then,

☐ **STEP 2:** Make a copy of one of the following forms of identification (ID):

- ID that includes your name and photograph:
  - Florida Driver License; Florida ID Card; United States Passport; Debit or Credit Card; Military Identification; Student Identification; Retirement Center Identification; Neighborhood Association Identification; Public Assistance Identification; Veteran Health Identification Card Issued By The United States Department of Veterans Affairs; A Florida License to Carry a Concealed Weapon or Firearm; or an Employee Identification 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:

- ID that shows your name and current residence address:
  - Current utility bill, bank statement, government check, paycheck, or government document

☐ **STEP 3:** Return this completed affidavit and a copy of an acceptable ID to the Supervisor of Elections Office no later than 5 p.m. on the Thursday following Election Day.

- **In person:** Visit our office, 2990-1 Apalachee Pkwy, Tallahassee, FL 32301 or one of our Early Voting sites during Early Voting hours with your ID and signed affidavit, or have someone else deliver your signed affidavit and ID copy for you.
- **Mail:** Using the enclosed return envelope.
- **Fax:** 850-606-8601
- **Email:** VBM@leoncountyfl.gov (you may scan or take a photo of the affidavit and ID)

**Vote-by-Mail Ballot Cure Affidavit**

I am a qualified voter in this election and a registered voter of Leon 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 may be invalidated.

_______________________________________________________________________________________
VOTER’S SIGNATURE
________________________________________________________________________________________
VOTER’S PRINTED NAME

DATE

Last edited 01/28/2020