Signature Cure Oath for Vote by Mail ballot

(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 Monday prior to Election Day.

☐ Complete and sign the below Oath; AND

☐ Attach a copy of one of the following allowable forms of identification (ID):

- Identification that includes your Name and Photograph:
  Florida Driver’s 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.

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

☐ Return this completed Oath AND a copy of one of the above mentioned forms of identification to the Supervisor of Elections Office NO LATER THAN 5 p. m. on the Monday prior to Election Day. You may:

  Hand deliver: To our office, 2990-1 Apalachee Pkwy, Tallahassee, FL 32301, or drop it off at an Early Voting location during Early Voting. (Someone else may deliver this oath, along with the copy of your ID, to our office or an Early Voting location for you. If you bring your ID with you can make a copy of your ID, if necessary.)

  Mail: Using the enclosed postage paid return envelope

  Fax: 850-606-8601

  Email: Vote@leoncountyfl.gov

  Contact our office if you have any questions at 850-606-8683.

Vote by Mail Ballot Cure Oath

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 a Vote by Mail ballot and 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 oath means that my Vote by Mail ballot will be invalidated and the penalty for supplying false information is perjury.

Official Use Only:

Date Received: _______________

_____ Oath Signed

_____ ID Included

Voter’s Signature

Date