

SIGNATURE CURE AFFIDAVIT FOR VOTE-BY-MAIL BALLOT

This affidavit is for use by a voter who returns a vote-by-mail ballot with a signature issue on their Voter Certificate.

1. INSTRUCTIONS

Use the following checklist to complete and return this form to the Okeechobee County Supervisor of Elections Office no later than 5:00 P.M. on the Monday before the election.

- ☐ Complete and sign the affidavit below AND
- ☐ Include a copy of one of the following forms of identification (ID) that shows your name and photograph (if the affidavit is not submitted in person):

Identification that includes your name and photograph: Florida Drivers 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

Identification that shows your name and current residence address: current utility bill, bank statement, government check, paycheck or government document (excluding voter information card).

Return this completed affidavit and the copy of your identification documents to the Supervisor of Elections no later than 5:00 P.M. on the Monday before the election:

- Deliver to our office or to an Early Voting site (by you or another person).
- Mail them to us using the included postage paid return envelope (304 NW 2nd Street, Room 144, Okeechobee, FL 34972).
- Fax (863) 763-0152 or email lisa@voteokeechobee.com to our office.

Contact the Elections Office if you have any questions at (863) 763-4014.

2. VOTE BY MAIL AFFIDAVIT

I _____, am a qualified voter in this election and a registered voter of Okeechobee County, Florida.

(Print Voter's Name)

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 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:

_____ **Date:** _____

Voter's Address:

