



Florida Voter Registration Application

TO REGISTER, YOU MUST:

- Be a citizen of the United States of America. (Box 2)
- Be a Florida resident. (Box 8)
- Be 18 years old. (You may pre-register if you are 17 or if you have a valid driver's license before your 17th birthday.) (Box 5)
- Not be adjudicated mentally incapacitated with respect to voting unless that right is restored. (Box 4)
- Not be a convicted felon unless you have had your civil rights restored. (Box 3)
- Provide your current and valid Florida driver's license number or Florida identification card number. If you do not have a current and valid Florida driver's license or Florida identification card, you must provide the last four digits of your Social Security number. If you do not have a Florida driver's license number, Florida identification card number or Social Security number, write "NONE" in the box. (Box 6)
- Complete all information in the black boxes on the application. (Boxes 2, 3, 4, 5, 6, 7, 8, 16)

YOU CAN USE THIS FORM TO:

- Register to vote in the State of Florida
- Change name or address
- Replace your defaced, lost or stolen Voter Information Card
- Register with a political party or change party affiliation
- Update your signature

DEADLINE INFORMATION

If this is a new registration application in Florida, the date the completed application is postmarked or hand delivered to a driver's license office, a voter registration agency, an armed forces recruitment office, the Division of Elections, or the office of any supervisor of elections in the state will be your registration date. You must be registered for at least 29 days before you can vote in an election. If your application is complete and you are qualified as a voter, a voter information card will be mailed to you.

PARTY AFFILIATION (BOX #12)

If you wish to register with a major political party, place an "X" in the box next to the desired major party. If you wish to register with a minor political party, place an "X" in the box preceding "minor party" and then print the name of the desired minor party. For a list of all political parties registered in Florida, go to the Division of Elections' web site: <http://election.dos.state.fl.us/online/parties.shtml>. If you do not wish to

register with any political party, place an "X" in the box preceding "NONE." Florida is a closed primary election state. Therefore, to vote in a primary election for partisan candidates, you must be a registered voter in the party for which a primary is being held. Regardless of party affiliation, all registered voters can vote on issues and non-partisan candidates.

NOTICE

The office at which you register or your decision not to register, your SSN, your FL DL# and your FL ID card# will remain confidential and will be used only for voter registration purposes.

NOTE

If the information on this application is not true, the applicant can be convicted of a felony of the third degree and fined up to \$5,000 and/or imprisoned for up to five years.

QUESTIONS

Contact the office of your county supervisor of elections for additional information. Contact information is on the website for the Division of Elections: <http://election.dos.state.fl.us/county/index.shtml>

INFORMACIÓN EN ESPAÑOL

Sírvase llamar a la oficina del supervisor de elecciones de su condado si le interesa obtener este formulario en Español.

PLEASE COMPLETE THE APPLICATION BELOW. PLEASE PRINT USING A BLACK BALLPOINT PEN.

- 1) Black boxes must be completed on the application below for registration to be valid. 2) Return this completed application to the office of your supervisor of elections. 3) If you are a first-time voter in this state applying by mail to register to vote and you have not been issued a FL DL#, FL ID#, or SSN, include a copy of your ID with the application (see Special Identification Requirements for additional information required). 4) Mail with first-class stamp.**

REVISED 1/08

FLORIDA VOTER REGISTRATION APPLICATION

REQUIRED

1	Check boxes that apply: <input type="checkbox"/> New Registration <input type="checkbox"/> Address Change <input type="checkbox"/> Party Change <input type="checkbox"/> Name Change <input type="checkbox"/> Card Replacement <input type="checkbox"/> Signature Update						OFFICIAL USE ONLY: DS DE 39 1/08		
	2	Are you a citizen of the United States of America? Yes No (If NO, you cannot register to vote)							
		3	<input type="checkbox"/> I affirm I am not a convicted felon, or if I am, my rights relating to voting have been restored.						
	4		I affirm I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my right to vote has been restored.						
IF YOU ANSWERED NO TO QUESTION 2, OR IF YOU ARE UNABLE TO AFFIRM THE STATEMENTS IN BOXES 3 AND 4, YOU ARE INELIGIBLE TO REGISTER TO VOTE. DO NOT COMPLETE THIS APPLICATION.									
5	Date of Birth (MM/DD/YYYY)								
	6	If you have a current and valid FL DL# or FL ID card#, you must provide the number in this box. If you do not have either, provide the last 4 digits of your SSN. If you have not been issued a FL DL#, FL ID card#, or SSN, write "NONE":							
7		Last Name		Suffix (circle) Jr. Sr. II III IV	First Name		Middle Name/Initial		
	8	Address Where You Live (Legal Residence) DO NOT GIVE P.O. BOX.		Apt/Lot/Unit	City		County of Legal Residence	State Zip Code	
9		Mailing Address If Different from Above		Apt/Lot/Unit	City		Country	State Zip Code	
	10	Address Last Registered to Vote		Apt/Lot/Unit	City		County	State Zip Code	
11		Former Name if Making Name Change				Day Phone Number (optional)			
	12	Party Affiliation (Check only one) Democratic Party Republican Party minor party (print registered party name): NONE							
13		Race/Ethnicity (Check only one) American Indian/Alaskan Native Asian/Pacific Islander Black, not Hispanic Hispanic White, not Hispanic							
	14	Sex M F	Do you need voting assistance at the polls? Yes No		Are you interested in being a poll worker? Yes No		State or Country of Birth		
15		Are You: Active Duty Military/Merchant Marine Dependent of Active Duty Military/Merchant Marine U.S. Citizen Currently Residing Outside the U.S.							

REQUIRED

16

OATH: I do solemnly swear (or affirm) that I will protect and defend the Constitution of the United States and the Constitution of the State of Florida, that I am qualified to register as an elector under the Constitution and laws of the State of Florida, and that all information provided in this application is true.

SIGNATURE: Sign or mark on line in box below. (Invalid without signature or mark of applicant)

X

Date:

Florida Voter Registration Form

SPECIAL IDENTIFICATION REQUIREMENT

If you are registering by mail, you have never voted in Florida, and you have not been issued a Florida Driver's license, Florida identification card, or social Security number, you will be required to provide additional identification prior to voting the first time. To ensure that you will not have problems when you go to vote, you should provide a copy of the required identification listed below at the time you mail your voter registration application.

You may provide a copy of one of the following photo identifications (ID) that includes your name and picture:

- U.S. Passport
- Employee Badge or ID
- Buyers Club ID
- Debit/Credit Card
- Military ID
- Student ID
- Retirement Center ID
- Neighborhood Association ID
- Public Assistance ID

Or, you may provide a copy of one of the following photo identifications (ID) that includes your name and current residence address:

- Bank Statement
- Paycheck
- Government Check
- Utility Bill
- Other Government Document

Or, if you are one of the following persons, you are exempt from having to provide a copy of an ID at this time. These exemptions are:

- Persons 65 years of age or older
- Persons with a temporary or permanent physical disability
- Members of the active uniformed services or merchant marine who, by reason of such active duty, are absent from the county
- Spouse or dependent of an active uniformed services or merchant marine who, by reason of such active duty, are absent from the county
- Persons currently residing outside the U.S. who are eligible to vote in Florida

**DO NOT SEND ORIGINAL
IDENTIFICATION DOCUMENTS
TO THE SUPERVISOR OF
ELECTIONS.**

PLEASE BE SURE TO SEAL ALL OPEN SIDES WITH TAPE TO ASSURE YOUR IDENTIFICATION DOCUMENT COPIES DO NOT GET LOST

-DO NOT STAPLE-

Place Stamp
Here.
The Post Office
will not deliver
mail without
postage

Gwen Chandler
Supervisor of Elections
304 NW 2nd Street, Room 144
Okeechobee, FL 34972