

# FLORIDA VOTER REGISTRATION APPLICATION

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

## 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). (BOX #5)
- Not now be adjudicated mentally incapacitated with respect to voting in Florida or any other state. (BOX #4)
- Not have been convicted of a felony in Florida, or any other state, without your civil rights having been 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 FL DL#, FL ID card#, or SSN, 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)

### Deadline Information:

If this is a new registration application, 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. If this is a new Florida application, 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 preceding the listed party with which you wish to affiliate. If you wish to register with a minor political party, place

an "X" in the box preceding "Other, Minor Party" and print the name of the party with which you wish to affiliate. A list of the minor political parties is on the website for the Division of Elections: <http://election.dos.state.fl.us/online/parties.shtml> If you wish to register without party affiliation, place an "X" in the box preceding "No Party Affiliation".

Florida is a closed primary state. If you wish to register to vote in a partisan primary election, you must be a registered voter in the party for which the primary is being held. All registered voters, regardless of party affiliation, 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>

### Informacion en Espanol:

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 BALL POINT 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.
- 4) Mail with first class stamp.

## FLORIDA VOTER REGISTRATION APPLICATION

REVISED 1/06

<b>REQUIRED</b>	<b>1</b>	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 1/06			
	<b>2</b>	Are you a citizen of the United States of America? Yes? <input type="checkbox"/> No? <input type="checkbox"/> (if NO, you cannot register to vote)									
	<b>3</b>	<input type="checkbox"/> I affirm I am not a convicted felon, or if I am, my rights relating to voting have been restored.									
	<b>4</b>	<input type="checkbox"/> I affirm I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my competency has been restored.									
	<b>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.</b>										
	<b>5</b>	Date of Birth (MM/DD/YYYY)		/ /							
	<b>6</b>	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":									
	<b>7</b>	Last Name			Suffix (circle) Jr. Sr. II III IV		First Name		Middle Name/Initial		
	<b>8</b>	Address Where You Live (Legal Residence) DO NOT GIVE P.O. BOX.			Apt/Lot/Unit	City		County of Legal Residence		State	Zip Code
	<b>9</b>	Mailing Address If Different from Above			Apt/Lot/Unit	City		Country		State	Zip Code
	<b>10</b>	Address Last Registered to Vote			Apt/Lot/Unit	City		County		State	Zip Code
	<b>11</b>	Former Name if Making Name Change					Day Phone Number				
	<b>12</b>	Party Affiliation (Check only one) <input type="checkbox"/> Democratic Party <input type="checkbox"/> Republican Party <input type="checkbox"/> Other, Minor Party (print party name): <input type="checkbox"/> No Party Affiliation									
	<b>13</b>	Race/Ethnicity (Check only one) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black, not Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> White, not Hispanic									
	<b>14</b>	Sex <input type="checkbox"/> M <input type="checkbox"/> F		Do you need voting assistance at the polls? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you interested in being a poll worker? <input type="checkbox"/> Yes <input type="checkbox"/> No			State or Country of Birth	
<b>15</b>	Are You: <input type="checkbox"/> Active Duty Military/Merchant Marine <input type="checkbox"/> Dependent of Active Duty Military/Merchant Marine <input type="checkbox"/> U.S. Citizen Currently Residing Outside the U.S.										

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

**X**

**Date:**

**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.

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# SPECIAL IDENTIFICATION REQUIREMENTS

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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 documents that contains your name and current residence address:**

- Utility Bill • Bank Statement • Government Check • Paycheck • 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 service or merchant marine who, by reason of such active duty, are absent from the county
  - Spouse or dependent of an active uniformed service member or merchant marine who, by reason of the active duty or service of the member, is absent from the county
    - Persons currently residing outside the U.S. who are eligible to vote in Florida

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**All voters are required to provide ID containing photo and signature at the time of voting in the polling place.  
Without proper identification, a voter can only vote a provisional ballot.**

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