AFFIDAVIT TO REQUEST OR OBTAIN AN ABSENTEE BALLOT FOR ST. LUCIE COUNTY ELECTIONS
Florida Statute 101.62

[ ] Request for Self (Complete Section A) **[ ] Request or Pick Up for Someone Else (Complete Section A & B)**

SECTION A: REQUEST AN ABSENTEE BALLOT FOR SELF OR FOR SOMEONE ELSE

Voter's Name: _____ VID #: _____ Date of Birth: _____/_____/_____

Voter's Daytime Phone Number: (____) _____ Out of County Phone Number: (____) _____

St. Lucie County Residence Address: _____
Street Apt # City State Zip

Mail Absentee Ballot to: _____ Email: _____
Street Apt # City State Zip (Used to send voter ballot status)

I HEREBY REQUEST ABSENTEE BALLOT(S) FOR THE FOLLOWING ELECTIONS:

[ ] All Elections I am eligible for through 2010

[ ] Primary Election – August 24, 2010 (Includes City of PSL Election)

[ ] General Election - November 2, 2010 (Includes City of PSL Election)

Signature of Voter making request X _____

( ) Military ( ) Military Outside U.S

( ) Citizen Outside U.S

( ) Phone Request taken by: _____ Date: _____

SECTION B: PERSON DESIGNATED BY VOTER TO REQUEST/PICK UP AN ABSENTEE BALLOT

CHECK ONE:

[ ] I am Requesting an Absentee Ballot for Someone. (Only immediate family or legal guardian)

I do solemnly swear or affirm, that I have been authorized by the above named Voter, whose address and birth date are as indicated in Section A, to request an absentee ballot on their behalf. I understand that only immediate family (spouse, parent, grandparent, sibling of the Voter or of the Voter's spouse) or the Voter's legal guardian may request an absentee ballot on behalf of the Voter and that my relationship to the Voter is listed below.

[ ] I am Picking Up an Absentee Ballot for Someone. (Begins 5 days prior to Election Day ONLY) Please staple the written, signed request from the Voter to this affidavit.

I do solemnly swear or affirm, that I have been authorized by the above named Voter, whose address and birth date are as indicated in Section A, to obtain and absentee ballot for the election indicated above. I have provided written, signed authorization from said Voter **(attached)**. **I hereby certify that: (CHECK ONE)**

[ ] **I AM NOT** a member of the above Voter's immediate family **(Limited to two (2) ballots per election)**

[ ] **I AM A** member of the above Voter's immediate family and my relationship to the Voter is indicated below.
(Immediate family may pick up ballots for spouse, parent, grandparent, sibling of the Voter or of Voter's spouse, besides their own.)

I understand that any person, who perpetrates any fraud in connection with any vote to be cast, violates Florida Statute 104.041, and can be convicted of a **felony** of the **third degree and fined up to $5,000 and/or imprisoned for up to five years**. Under the penalties of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true.

Requestor/Designee's Printed Name: _____ Relationship: _____

Requestor/Designee's Address _____ Telephone Number: (____) _____

Requestor/Designee's DMV#: _____ Type of ID Presented: _____

Requestor or Designee's signature: X_____

Date_____