

FLORIDA ABSENTEE BALLOT REQUEST

Voter Name - **REQUIRED**

County (Optional)

Date of Birth (MM/DD/YY) - **REQUIRED**

Voter Registration Number (Optional)

VOTER'S REGISTRATION ADDRESS - REQUIRED

Street

City

State

Zip Code

BALLOT MAILING ADDRESS (IF DIFFERENT)

Street

City

State

Zip Code

Ballot(s) Requested for: 2014 Primary ☐ 2014 General ☐ All Elections Through 2016: ☒

Signature of Voter - **REQUIRED**

Date (MM/DD/YY)