

OMITTED SIGNATURE AFFIDAVIT FOR VOTE BY MAIL BALLOT

(The affidavit is for use by a voter when the voter returns a vote by mail ballot without signing the Voter's Certificate)

Section 101.68(4), Florida Statutes

READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE AFFIDAVIT. FAILURE TO FOLLOW THESE INSTRUCTIONS MAY CAUSE YOUR BALLOT NOT TO COUNT.

1. In order to ensure that your vote by mail ballot will be counted, your affidavit should be completed and returned as soon as possible so that it can reach the supervisor of elections of the county in which your precinct is located no later than 5 p.m. on the day before the election.
2. You must sign your name on the line above (Voter's Signature) on the affidavit below.
3. You must make a copy of one of the following forms of identification:
 - a) Identification that includes your name and photograph: United States passport; debit or credit card; military identification; retirement center identification; neighborhood association identification; or public assistance identification; or
 - b) Identification that shows your name and current residence address: current utility bill, bank statement, government check, paycheck, or government document (excluding voter information card)
4. Place the envelope bearing the affidavit into a mailing envelope addressed to the supervisor. Insert a copy of your identification in the mailing envelope.
5. Mail, deliver, or have delivered, the completed affidavit along with the copy of your identification to your county supervisor of elections. Be sure there is sufficient postage if mailed and the supervisor's address is correct.

SUPERVISOR OF ELECTIONS

PO BOX 2057

CROSS CITY, FL 32628

6. Alternatively, you may fax or e-mail your completed affidavit and a copy of your identification to the supervisor of elections. If e-mailing, please provide these documents as attachments.

E-mail: dixiecountysoe@bellsouth.net

Fax: (352) 498-1218

Additionally, if any questions or concerns please contact the
Dixie County Supervisor of Elections Office: (352) 498-1216

OMITTED SIGNATURE / VOTE BY MAIL BALLOT AFFIDAVIT

I, _____, am a qualified voter in this election and

(Print your name)

registered voter of _____ County, Florida. I do solemnly swear or affirm that I requested
and (Print name of County)

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 for 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)

Street Address (Residential)