

SIGNATURE CURE AFFIDAVIT FOR VOTE-BY-MAIL BALLOT

This affidavit is for a voter who returns a vote-by-mail ballot that does not include the voter's signature or whose signature does not match the voter's signature on file. F.S. 101.68 (4)(b)

1. INSTRUCTIONS

Use the following checklist to complete and return this form to the Dixie County Supervisor of Elections Office **NO LATER THAN 5 p.m. on the Monday before the election.**

- Complete and sign the affidavit below: AND**
- Include a copy of one of the following forms of identification (ID) that shows your name and photograph (If the affidavit is not submitted in person):**

Identification that includes your name and photograph: Florida Driver's License; Florida ID; United States passport; debit or credit card; military identification; student identification; retirement center identification; neighborhood association identification; public assistance identification; veteran health identification card issued by the United States Department of Veterans Affairs; a Florida license to carry a concealed weapon or firearm; or an employee identification card issued by any branch, department, agency, or entity of the Federal Government, the state, a county, or a municipality.

OR

Identification that shows your name and current residence address: current utility bill, bank statement, government check, paycheck, or government document (excluding voter information card).

Return this completed affidavit and the copy of your identification documents to the Supervisor of Elections no later than 5 p.m. on the Monday before the election:

- Hand deliver to our office at 229 NE 351 Hwy, Suite A, Cross City, Florida – (Across from the Courthouse)
- Mail completed documentation and identification in the included Postage Paid Return Envelope to:

**DIXIE COUNTY, SUPERVISOR OF ELECTIONS
PO BOX 2057
CROSS CITY, FL 32628**

- Fax or email to our office
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

2. VOTE-BY-MAIL BALLOT CURE AFFIDAVIT

I, _____, am a qualified voter in this election and
(Print your name)

registered voter of DIXIE County, Florida. I do solemnly swear or affirm that:

I requested and 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)

(Eff. 08/2017)

City, State, Zip