

# SIGNATURE CURE AFFIDAVIT FOR VOTE-BY-MAIL BALLOT

(The affidavit is for use by a voter who returns a vote-by-mail ballot with a signature issue on their Voter's Certificate)

## I. INSTRUCTIONS

Use the following checklist to complete and return this form to the Pasco 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):**
  - a. Identification that includes your name and photograph: Florida Driver 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 U.S. Department of Veterans Affairs; a Florida license to carry a concealed weapon or firearm, or an employee ID card issued by any branch, department, agency, or entity of the Federal Government, the state, a county, or a municipality; **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).
- 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*:**
  - Deliver to one of our three offices (by you or another person)
  - Return by mail to Supervisor of Elections Office, PO Box 300, Dade City FL 33526.
  - Fax (352) 521-4127 or email [absentee@pascovotes.com](mailto:absentee@pascovotes.com) to our office.

Contact us if you have any questions at 800-851-8754

## II. VOTE-BY-MAIL BALLOT AFFIDAVIT

I, \_\_\_\_\_, am a qualified voter in this election and  
(Print voter's name)  
registered voter of \_\_\_\_\_ County, Florida. I do solemnly swear or affirm that  
(Print name of county)

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)

I am including a copy of my ID as required above.

Check this box

\_\_\_\_\_  
(Voter's Address)

«Certificate»  
«Voter\_Name\_FML»