**vote-by-mail cure affidavit – instructions and form**

This affidavit is for a voter who returns a vote-by-mail ballot certificate that does not include the voter’s signature or whose signature does not match the voter’s signature on file.

1. **Instructions –** READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE AFFIDAVIT. FAILURE TO FOLLOW THESE INSTRUCTIONS MAY CAUSE YOUR BALLOT NOT TO COUNT. 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 Duval County Supervisor of Elections ***no later than 5 p.m. on the second day after the election*.** You must:

 **Complete and sign the affidavit below - sign on the line above “(Voter’s Signature)”**

 **Make a copy of one of the following forms of identification (ID):**

***Tier 1 identification ‐****Current and valid ID that includes your name and photograph*: Florida driver license; Florida identification card issued by the Department of Highway Safety and Motor Vehicles; United States passport; debit or credit card; military, student, retirement center, neighborhood association, or public assistance ID; veteran health ID card issued by U.S. Department of Veterans Affairs; Florida license to carry a concealed weapon or firearm; or employee ID card issued by any branch, department, agency, or entity of the Federal Government, the state, a county, or a municipality.

**OR if you do not have one of the above forms of ID, use one of these instead:**

***Tier 2 identification ‐****ID that shows your name and current residence address:* current utility bill; bank statement; government check; paycheck; or government document (excluding voter information card).

 **Return the completed affidavit and the copy of your ID to the Duval County Supervisor of Elections:**

Deliver in person or by someone else,

* Fax or email (attach the completed affidavit and copy of the ID), or
* Mail, if time permits (insert the completed affidavit and copy of the ID into a mailing envelope and mail to the address below. Be sure there is sufficient postage and the supervisor’s address is correct)

**Duval County Supervisor of Elections, 105 East Monroe St, Jacksonville, FL 32202**

**Fax: 904-255-3434 Phone 904-255-3442**

**Patricia Carter** **pcarter@coj.net**

Remember, your information MUST reach our office no later than 5:00 P.M. on the second day

 after the election, or your ballot will not count.

**B. Form**

**Vote-by-Mail Ballot Cure Affidavit**

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

 **(Print voter’s name)**

voter of DuvalCounty, 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.

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**Voter’s Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Voter’s Address**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Voter’s Email Voter’s Phone Number**

Form DS-DE 139 (eff. 7-2019) Florida Department of State/Division of Elections Form Section 101.68(4), Florida Statute