

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.

Use the following checklist to complete and return this form to the Osceola County Supervisor of Elections Office no later than 5 p.m. on the second day after the election.

- **Complete and sign the affidavit below; AND**
- **Attach a copy of one of the following allowable forms of identification (ID):**
 - Current and valid identification 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 issue by U.S. Department of Veterans Affairs; Florida license to carry a concealed weapon or firearm; or employee ID card issue by any branch, department, agency, or entity of the Federal Government, the state, a county, or a municipality.
 - Identification that shows your name and current residence address:
Current utility bill; bank statement; government check; paycheck; or government document (excluding voter information card).
- **To Return** this completed affidavit and a copy of one of the above mentioned forms of identification to the Supervisor of Elections Office you may:
Hand deliver in person or by someone else: to our office at 2509 East Irlo Bronson Memorial Hwy., Kissimmee or drop it off at an Early Voting location during Early Voting.
Fax: to 407-742-6179
Text: to 407-764-8015
E-mail: VBMcorrespondence@voteosceola.com
Mail if time permits: using the enclosed postage paid envelope to Osceola County Supervisor of Elections Office 2509 East Irlo Bronson Memorial Hwy., Kissimmee, FL 34744.

Remember, your information MUST reach the Osceola County Supervisor of Elections Office no later than 5 PM on the second day after the election, or your ballot will not count.

Vote-by-Mail Ballot Cure Affidavit

I, _____, am a qualified voter in this election and registered
(print voter's name)

voter of Osceola 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

Voter's Phone (Optional)

Voter's Address

Official use only:

Affidavit

____ Signed ____ Not Signed

Identification

____ Included ____ Not Included