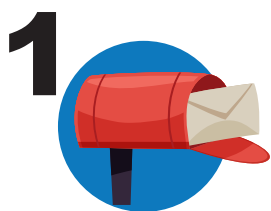**1** Request a Vote-By-Mail Ballot After Every General Election

2 Find the Nearest Early Voting Site or Drop Box
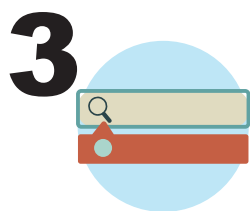
3 Find Your Election Day Precinct

4 Track Your Vote-By-Mail Ballot

5 Get Election Info You Can Trust

6 Become a Poll Worker

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 643 FORT LAUDERDALE FL

POSTAGE WILL BE PAID BY ADDRESSEE

Broward County Supervisor of Elections
P O BOX 29001
Fort Lauderdale FL 33302-9928

Voter Registration Application

BROWARD
JOE SCOTT
SUPERVISOR OF ELECTIONS
BROWARDVOTES.GOV
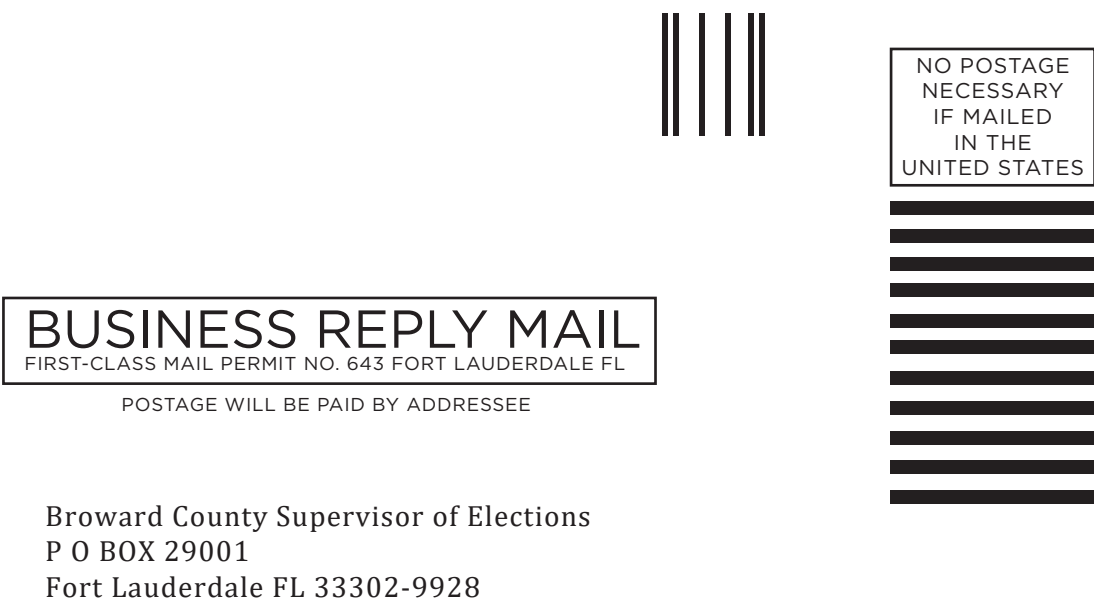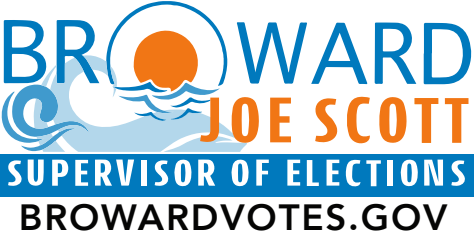
Request your
Vote-By-Mail Ballot
& Status Notifications

YOU CAN USE THIS TO:

1 Register To Vote

2 Change Name or Address

3 Update Your Signature

4 Select or Change Party

5 Replace Voter Info Card

6 Update Your Contact Info

FOLLOW US: @BROWARDVOTES

Florida Voter Registration Application
Part 1 – Instructions (DS-DE 39, R1S-2.040, F.A.C.)(eff. 10/2013)

Información en español: Sirvase llamar a la oficina del supervisor de elecciones de su condado si le interesa obtener este formulario en español.

To Register in Florida, you must be:
- a U.S. citizen,
- a Florida resident,
- at least 18 years old (you may pre-register at 16 or 17, but cannot vote until you are 18).

If you have been convicted of a felony, or if a court has found you to be mentally incapacitated as to your right to vote, you cannot register until your right to vote is restored.

If you do not meet any ONE of these requirements, you are not eligible to register.

Questions?

Contact the Supervisor of Elections in your county:
dos.myflorida.com/elections/contacts/supervisor-of-elections
Visit the Florida Division of Elections' website at:
dos.myflorida.com/elections

CRIMINAL OFFENSE: It is a 3rd degree felony to submit false information. Maximum penalties are $5,000 and/or 5 years in prison.

PUBLIC RECORD: Once filed, all information including your phone number and email address as provided become public record except for the following which can only be used for voter registration purposes: your FL DL#, FL ID#, SSN, where you registered to vote, and whether you declined to register or to update your voter registration record at a voter registration agency. Your signature can be viewed but not copied. (Section 97.0585, Fla. Stat.)

Where to Register: You can register to vote by completing this application and delivering it in person or by mail to any supervisor of elections' office, office that issues driver's licenses, or voter registration agency (public assistance office, center for independent living, office serving persons with disabilities, public library, or armed forces recruitment office) or the Division of Elections. Mailing addresses are on page 2 of this form.

Deadline to Register: The deadline to register to vote is 29 days before any election. You can update your registration record at any time, but for a Primary Election, party changes must be completed 29 days before that election. You will be contacted if your new application is incomplete, denied or a duplicate of an existing registration. Your Voter Information Card will be mailed to you once you are registered.

Identification (ID) Requirements: New applicants must provide a current and valid Florida driver's license number (FL DL#) or Florida identification card number (FL ID#). If you do not have a FL DL# or FL ID#, then you must provide the last four digits of your Social Security number (SSN). If you do not have any of these numbers, check "None." If you leave the field and box blank, your new registration may be denied. See section 97.053(6), Fla.Stat.

Special ID requirements: If you are registering by mail, have never voted in Florida, *and* have never been issued one of the ID numbers above, include one of the following with your application, or at a later time before you vote: 1) A copy of an ID that shows your name and photo *(acceptable IDs--*U.S. Passport, debit or credit card, military ID, student ID, retirement center ID, neighborhood association ID, or public assistance ID); *or* 2) A copy of an ID that shows your name and current residence address *(acceptable documents--*utility bill, bank statement, government check, paycheck, or other government document).

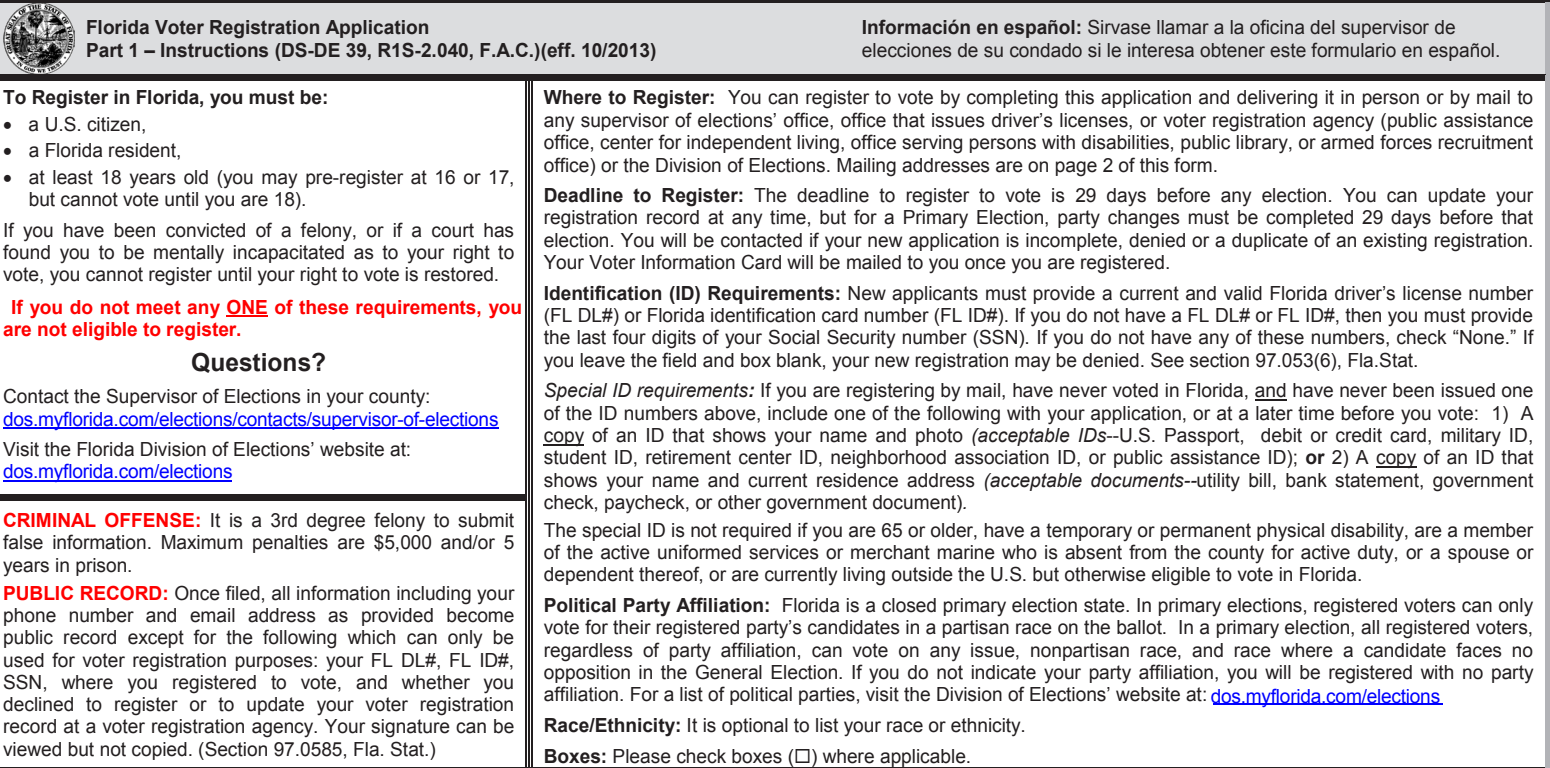The special ID is not required if you are 65 or older, have a temporary or permanent physical disability, are a member of the active uniformed services or merchant marine who is absent from the county for active duty, or a spouse or dependent thereof, or are currently living outside the U.S. but otherwise eligible to vote in Florida.

Political Party Affiliation: Florida is a closed primary election state. In primary elections, registered voters can only vote for their registered party's candidates in a partisan race on the ballot. In a primary election, all registered voters, regardless of party affiliation, can vote on any issue, nonpartisan race, and race where a candidate faces no opposition in the General Election. If you do not indicate your party affiliation, you will be registered with no party affiliation. For a list of political parties, visit the Division of Elections' website at: dos.myflorida.com/elections

Race/Ethnicity: It is optional to list your race or ethnicity.

Boxes: Please check boxes (☐) where applicable.

Numbered rows 1 through 7 and 12 must be completed for a new registration.

Florida Voter Registration Application
Part 2 – Form (DS-DE #39, R1S-2.040, F.A.C.)(eff. 10/2013)

The downloadable/printable online form is available at: registertovoteflorida.gov

This is: ☐ New Registration   ☐ Record Update/Change (e.g., Address, Party Affiliation, Name, Signature)   ☐ Request to Replace Voter Information Card

#		
1	Are you a citizen of the United States of America? ☐ YES ☐ NO	**OFFICIAL USE ONLY**
2	☐ I affirm that I am not a convicted felon, or if I am, my right to vote has been restored.	
3	☐ I affirm that I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my right to vote has been restored.	
4	Date of Birth (MM-DD-YYYY) ☐☐ - ☐☐ - ☐☐☐☐	**FVRS No:**

Row 5: Florida Driver License (FL DL) or Florida identification (FL ID) Card Number ☐☐☐ - ☐☐☐ - ☐☐ - ☐☐☐ - ☐ | If no FL DL or FL ID, then provide → | Last 4 digits of Social Security Number ☐☐☐☐ | ☐ I have NONE of these numbers.

| 6 | Last Name | First Name | Middle Name | Name Suffix (Jr., Sr., I, II, etc.): |

| 7 | Address Where You Live (legal residence-no P.O. Box) | Apt/Lot/Unit | City | County | Zip Code |

| 8 | Mailing Address (if different from above address) | Apt/Lot/Unit | City | State or Country | Zip Code |

| 9 | Address Where You Were Last Registered to Vote | Apt/Lot/Unit | City | State | Zip Code |

| 10 | Former Name (if name is changed) | Gender ☐ M ☐ F | State or Country of Birth | Telephone No. (optional) ( ) |

11 ☐ Email me SAMPLE BALLOTS if option is available in my county. (See *Public Record* Notice above)   **My email address is**:

Party Affiliation
(Check only one. If left blank, you will be registered without party affiliation)
☐ Florida Democratic Party
☐ Republican Party of Florida
☐ No party affiliation
☐ Minor party (print party name):
_____

Race/Ethnicity *(Check only one)*
☐ American Indian/Alaskan Native
☐ Asian/Pacific Islander
☐ Black, *not of Hispanic Origin*
☐ Hispanic
☐ White, *not of Hispanic Origin*
☐ Multi-racial
☐ Other:_____

(Check only one if applicable)
☐ I am an active duty **Uniformed Services or Merchant Marine member**
☐ I am **a spouse or a dependent of** an active duty uniformed services or merchant marine member
☐ I am **a U.S. citizen residing outside the U.S.**

☐ **I will need assistance with voting.**

☐ **I am interested in becoming a poll worker.**

12 **Oath:** *I do solemnly swear (or affirm) that I will protect and defend the Constitution of the United States and the Constitution of the State of Florida, that I am qualified to register as an elector under the Constitution and laws of the State of Florida, and that all information provided in this application is true.*

SIGN/ MARK HERE →   **Date**

REQUEST A **VOTE-BY-MAIL** BALLOT

Only voters who are registered members of political parties may vote in Florida's critically important primary elections.

en español and an kreyòl

Name _____   **Date of Birth** _____

Florida Driver License (FL DL) or Florida Identification (FL ID) Card Number
☐☐☐☐☐☐☐☐☐☐☐☐☐   If no FL DL or FL ID, then provide   Last 4 digits of Social Security Number ☐☐☐☐

Mail my ballots to: (ballots are not forwardable)

Mobile Number _____   **Home Number** _____

E-mail _____

Yes, please sign me up to track the status of my ballot using new Ballottrax program: ☐ Text   ☐ Email   ☐ Phone Call

Change my party affiliation ☐ Florida Democratic Party   ☐ Republican Party of Florida   ☐ No Party Affiliation

☐ Minor Party (print party name) _____

Please Print

Signature _____   **Date** _____