

VOTER ELIGIBILITY FORM

Failure to return this form within thirty (30) days will result in the removal of your name from the voter registration system.

PLEASE PRINT

NAME OF VOTER: _____

LAST

FIRST

MIDDLE

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

-OR-

FLORIDA DL NUMBER: _____

-OR-

FLORIDA ID CARD NUMBER: _____

CURRENT ADDRESS OF VOTER: _____

PHONE NUMBER: (HOME) (_____)

(WORK) _____

SEX: MALE FEMALE

RACE: _____

(THIS INFORMATION IS NEEDED TO VERIFY THE VOTER'S IDENTITY.)

Please check the statement below that applies to you:

- I agree with your information and do not require an administrative hearing.
- I will provide valid documentary evidence of U.S. citizenship to the Supervisor of Elections within 30 days of receipt of this form or lose my eligibility to vote.
- I request an administrative hearing to prove that I am a citizen of the United States.

SIGNATURE OF VOTER: _____

DATE: _____

(THIS FORM CANNOT BE ACCEPTED WITHOUT VALID SIGNATURE AND DATE)

(It is a criminal offense to knowingly make a false statement in writing with the intent to mislead a public official in the performance of his or her official duty. See s. 837.06, F.S.)