

ABSENTEE BALLOT REQUEST FORM FOR SEMINOLE COUNTY

ONLY THE VOTER OR A MEMBER OF THE IMMEDIATE FAMILY OR THE LEGAL GUARDIAN CAN REQUEST AN ABSENTEE BALLOT

VOTER REQUEST – Florida law requires all of the information listed in this box if the voter is making a request for an absentee ballot. (Please Print)

REQUEST BY IMMEDIATE FAMILY MEMBER OR LEGAL GUARDIAN – In addition to the information required in the voter request box, Florida law requires all of the information in this box if an immediate family member* or legal guardian has been directed (designated) by the voter to request an absentee ballot.

LAST NAME FIRST MIDDLE

LAST NAME OF REQUESTER FIRST MIDDLE

Seminole County Street Address

Street Address of Requester

City Zip

City State Zip

Mailing Address, if different

Complete Social Security # of Requester

City State Zip

Driver's License # (if available)

Last 4 digits of voter's Social Security Number

*Requester's Relationship to Voter: Spouse _____ Parent _____
Child _____ Grandparent _____ Sibling of the Designee or of the
designee's spouse _____

Voter Identification Number

A SIGNATURE MUST BE PROVIDED BY THE PERSON MAKING THE REQUEST

X _____

NOTE: All of the information above MUST be provided or the request is considered void.

**Return to: Sandra S. Goard
Supervisor of Elections
P.O. Box 1479
Sanford, FL 32772-1479**