Nita D. Crawford Supervisor of Elections PO Box 505

Macclenny, FL 32063

Email: vote@bakercountyfl.org
Office Phone Number – 904-259-6339
Office Fax Number – 904-259-2799

ABSENTEE BALLOT AFFIDAVIT AND INSTRUCTIONS

(The affidavit is for use by a voter when the voter returns an absentee ballot without signing the Voter's Certificate)

READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE AFFIDAVIT. FAILURE TO FOLLOW THESE INSTRUCTIONS MAY CAUSE YOUR BALLOT NOT TO COUNT.

- 1. In order to ensure that your absentee ballot will be counted, your affidavit should be completed and returned as soon as possible so that it can reach the supervisor of elections of the county in which your precinct is located no later than 5 p.m. on the day before the election.
- 2. You must sign your name on the line above (Voter's Signature) on the affidavit.
- 3. You must make a copy of one of the following forms of identification:
 - a. Identification that includes your name and photograph: United States passport; debit or credit card; military identification; student identification; retirement center identification; neighborhood association identification; or public assistance identification; or
 - b. Identification that shows your name and current residence address: current utility bill, bank statement, government check, paycheck, or government document (excluding voter identification card)
- 4. Place the envelope bearing the affidavit into a mailing envelope addressed to the supervisor. Insert a copy of your identification in the mailing envelope. Mail, deliver, or have delivered the completed affidavit along with the copy of your identification to your county supervisor of elections. Be sure there is sufficient postage if mailed and that the supervisor's address is correct.
- 5. Alternatively, you may fax or e-mail your completed affidavit and a copy of your identification to the supervisor of elections. If e-mailing, please provide these documents as attachments.

ABSENTEE BALLOT AFFIDAVIT

<u> </u>	, am a qualified voter in this election an
	(Print your name)
registered voter of	County, Florida. I do solemnly swear or affirm the
	(Print name of county)
I requested and returne	ed the absentee 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 fraudule	ent ballot, or vote more than once in an election, I may be convicted of a
felony of the third deg	ree and fined up to \$5,000 and imprisoned for up to 5 years. I understand
•	this affidavit means that my absentee ballot will be invalidated.
, .	•
(Voter's Signature)	
LVOICE S SIGNALUICE	
(Voter's Signature)	
(Address)	

Form DS-DE 139 (eff. 01-2014)

Section 101.68(4), Florida Statutes