

# SIGNATURE CURE AFFIDAVIT FOR VOTE BY MAIL BALLOT

(This affidavit is for a voter whose signature on their Voter Certificate Envelope does not match their signature on file)

## I. INSTRUCTIONS: TO HAVE YOUR VOTE BY MAIL BALLOT COUNT, COMPLETE THE FOLLOWING:

Complete and return this form as soon as possible so that it can reach the Nassau County Supervisor of Elections' Office **no later than 5 p.m. on the day before the election.**

Use the following as a checklist – you must:

- Complete and sign the *Signature Cure Vote by Mail Ballot Affidavit* below – sign your name or make your mark on the line above “Voter’s Signature”;

**AND**

- Include a copy of **one** of the following forms of identification (ID):

**Tier 1 identification** - *Current and valid ID 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 issued by U.S. Department of Veterans Affairs; Florida license to carry a concealed weapon or firearm; or employee ID card issued by any branch, department, agency, or entity of the Federal Government, the state, a county, or a municipality.

**OR**

**If you do not have one of the above forms of ID, use one of these instead:**

**Tier 2 identification** - *ID that shows your name and current residence address:* current utility bill; bank statement; government check; paycheck; or government document (excluding voter ID card).

**AND**

- Return the completed affidavit **and** the copy of your ID by **one** of the following methods:

- Mail: A postage paid return envelope is enclosed for your convenience
- Fax: 904.432.1417
- Email: [info@votenassau.com](mailto:info@votenassau.com)
- Deliver (in person or have someone deliver) to the:  
Nassau County Supervisor of Elections Office  
96135 Nassau Place, Suite 3  
Yulee, Florida 32097

## II. SIGNATURE CURE VOTE BY MAIL BALLOT AFFIDAVIT:

I, \_\_\_\_\_, am a qualified voter in this election

**(Print Voter’s Name)**

and registered voter of Nassau 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 Address**