

VOTE-BY-MAIL SIGNATURE CURE AFFIDAVIT

This affidavit is for a voter who returns a vote-by-mail ballot certificate that does not include the voter's signature or whose signature does not match the voter's signature on file.

SECTION 1. INSTRUCTIONS: READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE AFFIDAVIT. FAILURE TO FOLLOW THESE INSTRUCTIONS MAY CAUSE YOUR BALLOT NOT TO COUNT. In order to ensure that your vote-by-mail ballot will be counted, your affidavit should be completed and returned as soon as possible so that it can reach the Nassau County Supervisor of Elections' office no later than 5 p.m. on the second day after the election.

You must:

- Complete and sign the *Affidavit* in Section 2 below – sign on the line above “Voter’s Signature”**
- Make 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 information card).

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

- Deliver in person or by someone else to: Nassau County Supervisor of Elections
96135 Nassau Place, Suite 3
Yulee, Florida 32097
- Fax to: 904.432.1417
- Email to: votebymail@votenassau.com
- Mail (if time permits)

Remember, your information MUST reach the Nassau County Supervisor of Elections' office at the above address no later than 5 p.m. on the 2nd day after the election, or your ballot will not count.

SECTION 2. VOTE-BY-MAIL BALLOT CURE 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