



**Vote**  
**St. Johns**

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SUPERVISOR OF ELECTIONS

# ST. JOHNS COUNTY VOTE-BY-MAIL BALLOT FORM

4455 Avenue A, Suite 101  
St. Augustine FL 32095

904-823-2238  
votesjc.com

ONLY THE VOTER OR A MEMBER OF THE IMMEDIATE FAMILY OR THE LEGAL GUARDIAN CAN REQUEST A VOTE-BY-MAIL BALLOT.

## REQUIRED VOTER INFORMATION

(Please print)

Florida law requires all of the information listed in this box.

\_\_\_\_\_  
Last Name                      First Name                      MI                      Suffix

\_\_\_\_\_  
Legal Residence Address (no P.O. Boxes)                      Apt/Lot/Unit                      City                      State                      Zip

Date of Birth: \_\_\_\_\_

## REQUEST BY IMMEDIATE FAMILY MEMBER OR LEGAL GUARDIAN

In addition to the information required above, 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 or cancel a vote-by-mail ballot.

\_\_\_\_\_  
Last Name of Requestor                      First Name                      MI

\_\_\_\_\_  
Address of Requestor (no P.O. Boxes)                      City                      State                      Zip

Driver's License # (if available) \_\_\_\_\_

Requestor's Relationship to Voter \_\_\_\_\_

**A voter may track the status of their vote-by-mail ballot online at [status.dropbox.vote](https://status.dropbox.vote)**

## BALLOT REQUEST

I want vote-by-mail (absentee) ballots for these elections only: \_\_\_\_\_.

I want vote-by-mail (absentee) ballots for **all elections** that I'm eligible **through December 31, 2022**

**Mail Ballot to (if different from residence address - if overseas, inquire about emailing ballots):**

\_\_\_\_\_  
Address                      Apt/Lot/Unit

\_\_\_\_\_  
City                      State                      Zip

**NOTE:** If a voter is temporarily outside this county and has no current residence address in the county, contact us at 352-374-5252 for instructions. {FL St. §101.045(1)}

**X** \_\_\_\_\_ Date \_\_\_\_\_

**Your signature is required.**

Requests for ballots to be mailed must be received not later than 5:00pm ten days before the election.

To update your signature on file, submit a new voter registration form available from our office or on our website.

Telephone Number \_\_\_\_\_ Email: \_\_\_\_\_

Providing this contact information makes it possible for us to contact you if we have questions.

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