

8. **Voter Registration Application** @ _____

IF YOU ARE CURRENTLY REGISTERED AND ARE MAKING NO CHANGES, A NON US CITIZEN, ARE NOT ELIGIBLE, OR DO NOT WISH TO VOTE, PLEASE DO NOT COMPLETE THIS SECTION AND PROCEED TO THE SIGNATURE PORTION AT THE BOTTOM.

I am currently registered to vote in Florida.

Name _____ Party _____ Address _____

I would like to apply for a new or first time Florida voter's registration card.

If you have ever been registered to vote, please provide the address where you were last registered to vote:

I affirm I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my competency has been restored. **I AFFIRM** _____ **(INITIAL HERE)**

I affirm I am not a convicted felon, or if I am, my rights relating to voting have been restored. *Required per F.S.97.041.* **I AFFIRM** _____ **(INITIAL HERE)**

Yes No Do you require voting assistance?

Yes No Are you interested in working the election?

Party Affiliation- Check one box only: Republican Democrat No Party Affiliation*
Minor Party

**Florida is a closed primary state. If you select "No Party Affiliation" you will not be able to vote in the primary election.*

Yes No Are you Active Duty Military or Merchant Marine or a dependent of one?

Yes No Are you a US Citizen Currently residing outside the US?

If sample ballot e-mail service is available in your county and you wish to receive your sample ballots by e-mail, please print your e-mail address here: _____

Initial Here _____ *I do solemnly swear or affirm that I will protect and defend the Constitution of The United States and the Constitution of the State of Florida, that I am qualified to register as an elector under the Constitution and laws of the State of Florida, and that all information provided in this application is true.*

Under Penalty of perjury, I (the applicant) swear or affirm that the information given by me in this application is true and correct.

Signature of Applicant: _____ **Date:** _____