

MULTI-PURPOSE FORM

STATE OF FLORIDADECLARATION TO SECURE ASSISTANCECOUNTY OF LAKE

Date _____ Precinct _____

I, _____, swear or affirm that I am a registered elector and request assistance from
 (Print name)
 _____ and / or _____ in voting at the _____ held
 (Print name) (Print name) (Name of election)
 on _____
 (Date of election)

Signature of Voter: _____ Sworn and subscribed to me this _____ day of _____, 20 _____

Signature of Official Administering Oath: _____

STATE OF FLORIDADECLARATION TO PROVIDE ASSISTANCECOUNTY OF LAKE

Date _____ Precinct _____

I, _____, have been requested by _____ to provide him or
 (Print Name) (Print name of Voter needing assistance)
 her with assistance to vote. I swear or affirm that I am not the employer or an agent of the employer, or an officer or
 agent of the union of the voter and that I have not solicited this voter at the polling place or early voting site or within
 100 feet of such locations in an effort to provide assistance.

Signature of Assistor: _____ Sworn and subscribed to me this _____ day of _____, 20 _____

Signature of Official Administering Oath _____

This is: New Registration Record Update/Change (e.g., Address, Party Affiliation, Name, Signature) Request to Replace Voter Information Card

1	Are you a citizen of the United States of America? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICIAL USE ONLY	
2	<input checked="" type="checkbox"/> I affirm I have never been convicted of a felony. <input type="checkbox"/> If I have been convicted of a felony, I affirm my voting rights have been restored by the Board of Executive Clemency. <input type="checkbox"/> If I have been convicted of a felony, I affirm my voting rights have been restored pursuant to s. 4, Art. VI of the State Constitution upon the completion of all terms of my sentence, including parole or probation.	FVRS No: _____	
3	<input checked="" type="checkbox"/> I affirm that I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my right to vote has been restored.		
4	Date of Birth (MM-DD-YYYY) 08 - 15 - 1980		
5	Florida Driver License (FL DL) or Florida identification (FL ID) Card Number	If no FL DL or FL ID, then provide	Last 4 digits of Social Security Number 1234 <input type="checkbox"/> I have NONE of these numbers.
6	Last Name Smith	First Name John	Middle Name A. Name Suffix (Jr., Sr., I, II, etc.):
7	Address Where You Live (legal residence-no P.O. Box) 15 Haunted House Ln	Apt/Lot/Unit	City Anytown County Grand Zip Code 12301
8	Mailing Address (if different from above address)	Apt/Lot/Unit	City State or Country Zip Code
9	Address Where You Were Last Registered to Vote	Apt/Lot/Unit	City State Zip Code
10	Former Name (if name is changed)	Gender <input checked="" type="checkbox"/> M <input type="checkbox"/> F	State or Country of Birth FL Telephone No. (optional) (111) 222-3333
11	<input type="checkbox"/> Email me SAMPLE BALLOTS if option is available in my county. (See Public Record Notice above) My email address is: john.a.smith@smith.com		
12	Party Affiliation (Check only one. If left blank, you will be registered without party affiliation) <input type="checkbox"/> Florida Democratic Party <input checked="" type="checkbox"/> Republican Party of Florida <input type="checkbox"/> No party affiliation <input type="checkbox"/> Minor party (print party name):	Race/Ethnicity (Check only one) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> White, not of Hispanic Origin <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other:	(Check only one if applicable) <input type="checkbox"/> I am an active duty Uniformed Services or Merchant Marine member <input type="checkbox"/> I am a spouse or a dependent of an active duty uniformed services or merchant marine member <input type="checkbox"/> I am a U.S. citizen residing outside the U.S.
12	Oath: 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.		SIGN/ MARK HERE _____ John A Smith Date 11/3/20