



## VOTE-BY-MAIL BALLOT REQUEST FORM

Date:	
<b>VOTER'S INFORMATION</b>	
Name	Date of Birth
Florida Driver's License Number/Florida ID Card Number	Social Security Number (last 4-digits only)
Email Address	
Phone Number	
<b>Volusia County Residence Address</b>	
<b>Mailing Address</b> (If different from Volusia County Residence Address)	
<b>Alternative Mailing Address</b> (If different from above)	
<b>BALLOT REQUEST</b>	
<input type="checkbox"/>	All Elections I am eligible to vote in through the next regularly scheduled General Election.
<input type="checkbox"/>	Specific Election:
<b>REQUEST BY IMMEDIATE FAMILY MEMBER FOR VOTER</b>	
Requester's Name	Relationship to Voter
Requester's Address	
Requester's Driver's License Number/ID Card Number <b>OR</b> Social Security Number (last 4-digits only)	

**SIGNATURE REQUIRED (VOTER'S OR IMMEDIATE FAMILY MEMBER'S)**



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