

JACKSON COUNTY SUPERVISOR OF ELECTIONS
MILITARY REQUEST FOR EXEMPTION OF VOTER REGISTRATION RECORD

Pursuant to Section 119.071(5) Florida Statutes

Name: _____	Date of Birth: _____
Address: _____	Voter ID #: _____
_____	Telephone: _____
Mailing Address (if different): _____	

I hereby certify I am a current or former member of the US Armed Forces, a reserve component of the US Armed Forces or National Guard who served after September 11, 2001.

I also have made reasonable efforts to protect the identification and location information from being accessible through other means available to the public (Facebook, websites, etc).

I hereby request to have my (and my spouse and children of voting age) voter registration record exempt from public records.

Pleased select category: ___Current ___Former

Signature

Date

Additional Individuals to Exempt (Spouses and voting age children)		
Name _____	Date of Birth _____	Relationship _____
Address _____		
Name _____	Date of Birth _____	Relationship _____
Address _____		
Name _____	Date of Birth _____	Relationship _____
Address _____		