Statewide Vote-By-Mail Ballot Request Form			
To request a vote-by-mail ballot for yourself, complete only the top section. To request a vote-by-mail ballot for someone who directly instructed you to do so, complete both sections.			
Voter's Name:			Voter's Date of Birth: / /
Voter's Florida driver license (FL DL) or Florida identification (FL ID) card number: If no FL Iast 4 digits of Social Security Number: DL or FL ID, then provide In provide In provide			
Voter's Home Address:			
City:		State:	Zip code:
Voter's mailing address for ballot:			City:
(only if different than home address)	State: Zip code:	Country, if ou	utside US:
Please update my residential address and/or my mailing address in my voter record with the information listed above.			
Phone number (optional): Email address (optional):			
This request is good for all elections through the end of the calendar year of the next general election. If you only want a ballot for specific elections, list them here:			
Voter's Signature: Date: / / (not required if voter is an absent uniformed services voter or overseas voter, or if request is made by a designee)			
You must also complete the section below if you are requesting a Vote-by-Mail Ballot for someone else. Designee's Name:			
Designee's Home Address:			
City:		State:	Zip code:
Designee's driver license	or identification card number:		If no last 4 digits of Social Security Number: DL or ID, then provide
Phone number (option	al): Email a	ddress (optional):	
□Parent	□ Grandparent □ Child of vote □ Grandchild □ Grandparen	-	 ☐ Sibling of voter's spouse ☐ Voter's legal guardian ☐ Designee for a voter with a disability
Designee's Signature: Date: / /			
DS-DE 160 (eff. 04/2024) Rule 1S-2.055, F.A.C.			