



NINA WARD
SUPERVISOR OF ELECTIONS
Bay County, Florida



(850) 784-6100



votebymail@bayvotesfl.gov



www.bayvotesfl.gov



830 W. 11th Street, Panama
City, FL 32401

July 30, 2024

«Voter_Name» «Certificate» VRN 8
«Address1»
«Address2»
«Address3»
«Address4» «Address5»

VOTE-BY-MAIL BALLOT CURE AFFIDAVIT F.S. 101.68(4)

Dear «Voter_Name_FML»:

You returned your mail ballot but did not sign the Certificate envelope or your signature did not match.

Your ballot will not count unless you complete the following steps:

1. Complete and return the enclosed Mail Ballot Signature Cure Affidavit; **AND**
2. Provide one of the forms of identification listed in the Affidavit instructions.

We must receive your completed affidavit and identification no later than 5:00 PM on the 2nd day after the election. Failure to return the affidavit and identification will cause your ballot not to be counted.

If you have questions, please call 850-784-6100, Monday - Friday, 8:00 a.m. to 5:00 p.m.

Respectfully,

Nina Ward
Supervisor of Elections, Bay County

Enclosures: Self-addressed, postage paid envelope

Solicite recursos en español llamando al 1-833-966-0112.

**VOTE-BY-MAIL CURE AFFIDAVIT – INSTRUCTIONS AND FORM
BALLOT AND INSTRUCTIONS F.S. 101.68(4)**

(The affidavit is for a voter who returns a vote-by-mail ballot certificate that does not include the voter’s signature or whose signature does not match the voter’s signature on file.)

A. Instructions. READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE AFFIDAVIT. FAILURE TO FOLLOW THESE INSTRUCTIONS MAY CAUSE YOUR BALLOT NOT TO COUNT. To ensure that your vote-by-mail ballot will be counted, your affidavit should be completed and returned as soon as possible so that it can reach the supervisor of elections no later than 5 p.m. on the 2nd day after the election. You must:

- **Complete and sign the affidavit below – sign on the line above “(Voter’s Signature)”**
- **Make a copy of one of the following forms of identification (ID):**

Tier 1 Identification-Current and valid ID that includes your name and photograph: Florida driver license; Florida identification card issued by the Department of Highway Safety and Motor Vehicles; United States passport; debit or credit card; military, student, retirement center, neighborhood association, or public assistance ID;

OR if you do not have one of the above forms of ID, use one of these instead:

Tier 2 identification - ID that shows your name and current residence address: current utility bill; bank statement; government check; paycheck; or government document (excluding voter information card).

- **Return the completed affidavit and the copy of your ID to the supervisor of elections:**
 - Deliver in person or by someone else,
 - **Fax: 850-784-6141** (attach your completed affidavit and copy of your ID)
 - **E-mail: votebymail@bayvotesfl.gov.** (If e-mailing, please provide these documents as attachments), **OR**
 - **Mail:** If time permits (insert the completed affidavit and copy of your ID into a mailing envelope addressed to **Supervisor of Elections Nina Ward, 830 W. 11th Street, Panama City, FL 32401.** Be sure there is sufficient postage if mailed and that the supervisor’s address is correct)

Remember, your information **MUST** arrive at your county election supervisor before 5:00 P.M. On the second day after the election, otherwise, your ballot (ballot) will not be counted.

B. Form

Vote-by-Mail Ballot Cure Affidavit

I _____, am a qualified voter in this election and registered voter of _____
(Print voter’s name)

Bay County, Florida. I do solemnly swear or affirm that I requested and returned the vote-by-mail ballot and that I have not and will not vote more than one ballot in this election. I understand that if I commit or attempt any fraud in connection with voting, vote a fraudulent ballot, or vote more than once in an election, I may be convicted of a felony of the third degree and fined up to \$5,000 and imprisoned for up to 5 years. I understand that my failure to sign this affidavit means that my vote-by-mail ballot will be invalidated.

(Voter’s Signature)

(Voter’s Address)

Supervisor of Elections Office Use Only:

Accepted/Cured	
<input type="checkbox"/>	Signature Mismatch/Tier 1 ID Provided OR <input type="checkbox"/> Signature Matches/Tier 1 or 2 ID Provided
Review Required	
<input type="checkbox"/>	Signature Mismatch/Tier 2 or No ID Provided OR <input type="checkbox"/> Signature Matches/No ID Provided