



**Florida Voter Registration Application**  
**Part 1 – Instructions (DS-DE 39, R1S-2.040, F.A.C.)(eff. 10/2013)**

**Información en español:** Sirvase llamar a la oficina del supervisor de elecciones de su condado si le interesa obtener este formulario en español.

**To Register in Florida, you must be:**

- a U.S. citizen,
- a Florida resident,
- at least 18 years old (you may pre-register at 16 or 17, but cannot vote until you are 18).

If you have been convicted of a felony, or if a court has found you to be mentally incapacitated as to your right to vote, you cannot register until your right to vote is restored.

If you do not meet any **ONE** of these requirements, you are not eligible to register.

**Questions?**

Contact the Supervisor of Elections in your county:  
[http://election.dos.state.fl.us/SOE/supervisor\\_elections.shtml](http://election.dos.state.fl.us/SOE/supervisor_elections.shtml)  
 Visit the Florida Division of Elections' website at:  
[dos.myflorida.com/elections](http://dos.myflorida.com/elections)

**Where to Register:** You can register to vote by completing this application and delivering it in person or by mail to any supervisor of elections' office, office that issues driver's licenses, or voter registration agency (public assistance office, center for independent living, office serving persons with disabilities, public library, or armed forces recruitment office) or the Division of Elections. Mailing addresses are on page 2 of this form.

**Deadline to Register:** The deadline to register to vote is 29 days before any election. You can update your registration record at any time, but for a Primary Election, party changes must be completed 29 days before that election. You will be contacted if your new application is incomplete, denied or a duplicate of an existing registration. Your Voter Information Card will be mailed to you once you are registered.

**Identification (ID) Requirements:** New applicants must provide a current and valid Florida driver's license number (FL DL#) or Florida identification card number (FL ID#). If you do not have a FL DL# or FL ID#, then you must provide the last four digits of your Social Security number (SSN). If you do not have any of these numbers, check "None." If you leave the field and box blank, your new registration may be denied. See section 97.053(6), Fla.Stat.

**Special ID requirements:** If you are registering by mail, have never voted in Florida, and have never been issued one of the ID numbers above, include one of the following with your application, or at a later time before you vote: 1) A copy of an ID that shows your name and photo (*acceptable IDs*--U.S. Passport, debit or credit card, military ID, student ID, retirement center ID, neighborhood association ID, or public assistance ID); or 2) A copy of an ID that shows your name and current residence address (*acceptable documents*--utility bill, bank statement, government check, paycheck, or other government document).

The special ID is not required if you are 65 or older, have a temporary or permanent physical disability, are a member of the active uniformed services or merchant marine who is absent from the county for active duty, or a spouse or dependent thereof, or are currently living outside the U.S. but otherwise eligible to vote in Florida.

**Political Party Affiliation:** Florida is a closed primary election state. In primary elections, registered voters can only vote for their registered party's candidates in a partisan race on the ballot. In a primary election, all registered voters, regardless of party affiliation, can vote on any issue, nonpartisan race, and race where a candidate faces no opposition in the General Election. If you do not indicate your party affiliation, you will be registered with no party affiliation. For a list of political parties, visit the Division of Elections' website at: [dos.myflorida.com/elections](http://dos.myflorida.com/elections)

**Race/Ethnicity:** It is optional to list your race or ethnicity.

**Boxes:** Please check boxes ( ) where applicable.

**Numbered rows 1 through 7 and 12 must be completed for a new registration.**



**Florida Voter Registration Application**  
**Part 2 – Form (DS-DE #39, R1S-2.040, F.A.C.)(eff. 10/2013)**

The downloadable/printable online form is available at:  
[registertovoteflorida.gov](http://registertovoteflorida.gov)

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 type="checkbox"/> YES <input type="checkbox"/> NO				OFFICIAL USE ONLY	
	2 <input type="checkbox"/> I affirm that I am not a convicted felon, or if I am, my right to vote has been restored.					
	3 <input 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)	[ ][ ] - [ ][ ] - [ ][ ][ ][ ]		FVRS No:		
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	<input type="checkbox"/> I have NONE of these numbers.
	[ ][ ][ ][ ] - [ ][ ][ ][ ] - [ ][ ][ ][ ] - [ ][ ][ ][ ]					
6	Last Name		First Name		Middle Name	Name Suffix (Jr., Sr., I, II, etc.):
7	Address Where You Live (legal residence-no P.O. Box)		Apt/Lot/Unit	City	County	Zip Code
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 type="checkbox"/> M <input type="checkbox"/> F	State or Country of Birth		Telephone No. (optional) ( )
11	<input type="checkbox"/> Email me SAMPLE BALLOTS if option is available in my county. (See Public Record Notice above) My email address is:					
Party Affiliation (Check only one. If left blank, you will be registered without party affiliation)		Race/Ethnicity (Check only one)		(Check only one if applicable)		<input type="checkbox"/> I will need assistance with voting.
<input type="checkbox"/> Florida Democratic Party		<input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> I am an active duty Uniformed Services or Merchant Marine member		<input type="checkbox"/> I am interested in becoming a poll worker.
<input type="checkbox"/> Republican Party of Florida		<input type="checkbox"/> Asian/Pacific Islander		<input type="checkbox"/> I am a spouse or a dependent of an active duty uniformed services or merchant marine member		
<input type="checkbox"/> No party affiliation		<input type="checkbox"/> Black, not of Hispanic Origin		<input type="checkbox"/> I am a U.S. citizen residing outside the U.S.		
<input type="checkbox"/> Minor party (print party name):		<input type="checkbox"/> Hispanic				
<input type="checkbox"/> Other:		<input type="checkbox"/> White, not of Hispanic Origin				
<input type="checkbox"/> Multi-racial		<input type="checkbox"/> Other:				
<input type="checkbox"/> Other:						
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		Date