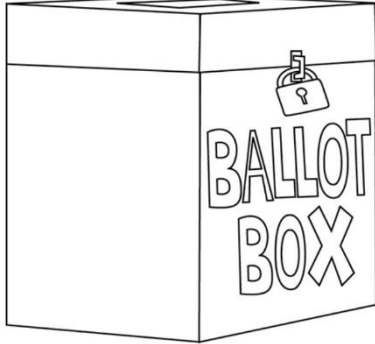


Tuesday, January 8, 2019, 8:30 AM

**Convicted Felons,
who have completed the Court's sentence,
may register to vote!**



**Lee County, Florida
Supervisor of
Elections**



MAIN OFFICE
Melvin Morgan
Constitutional Complex
2480 Thompson St, 3rd Floor,
Fort Myers
(corner of Fowler St and Dr. Martin Luther King, Jr. Blvd)

LEE COUNTY ELECTIONS CENTER
South Fort Myers Branch Office
13180 S Cleveland Ave,
Fort Myers
(across the street from the Bell Tower Shops)

BONITA SPRINGS BRANCH OFFICE
At Bonita Commons
25987 S Tamiami Trail, #105
Bonita Springs

CAPE CORAL BRANCH OFFICE
Lee County Government Center
1039 SE 9th Ave, Cape Coral

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	
This is: <input type="checkbox"/> New Registration <input type="checkbox"/> Record Update/Change (e.g., Address, Party Affiliation, Name, Signature) <input type="checkbox"/> Request to Replace Voter Information Card			
1	Are you a citizen of the United States of America? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICIAL USE ONLY Are you a US citizen? Do you have a Felony? Have you completed your sentence?	
2	<input checked="" type="checkbox"/> I affirm that I am not a convicted felon, or if I am, my right to vote has been restored.		
3	<input checked="" 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) <input type="checkbox"/> Florida Democratic Party <input type="checkbox"/> Republican Party of Florida <input type="checkbox"/> No party affiliation <input type="checkbox"/> Minor party (print party name): [][][][][]		Race/Ethnicity (Check only one) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> White, not of Hispanic Origin <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other: [][][][]	(Check only one if applicable) <input type="checkbox"/> I am an active duty Uniformed Services or Merchant Marine member <input type="checkbox"/> I am a spouse or a dependent of an active duty uniformed services or merchant marine member <input type="checkbox"/> I am a U.S. citizen residing outside the U.S. <input type="checkbox"/> I will need assistance with voting. <input type="checkbox"/> I am interested in becoming a poll worker.
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 →	Sample Date [][][]

This free educational information is provided as a public service by Steven Blumrosen. Questions? See www.FLTurnBlue.com