



MARK S. EARLEY
SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

2024 Vote-by-Mail Ballot Request Form – Family Member

Instructions: Complete and return this form to request Vote-by-Mail ballots for a family member. This request is good for all elections in 2024 in which your family member is eligible to vote. Family includes spouse, parent, child, grandparent, grandchild, sibling, family of the spouse, or legal guardian.

Return Options:

- Mail: PO Box 7357, Tallahassee, FL 32314
- Email: VBM@LeonVotes.gov
- In-person: Visit the Elections Center at 2990-1 Apalachee Parkway

Request Deadline: 5 p.m., 12 days before each Election Day. After this you can pick up the ballot in-person.

Military and Overseas Voters: Special Vote-by-Mail options are available. Contact us for more information.

Your Information

(Information of family member submitting the request)

Name

Relationship to Voter

Residence Address *(cannot be a PO box)*

City

State

Zip

Phone Number *(optional)*

FL Driver's License or ID Card # *(if no DL or ID, write last four of Social Security #)*

Signature

Date

Voter's Information

(Information of voter who will receive ballot)

Name

FL Driver's License or ID Card # *(if no DL or ID, write last four of Social Security #)*

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Date of Birth

Email Address *(optional)*

Phone Number *(optional)*

Voter's Residence

Address

(where the voter lives, cannot be a PO box)

Street

Tallahassee

Florida

City

State

Zip

Voter's Mailing

Address *(where the voter receives mail, if different than residence address)*

Street

City

State

Zip