'ADMISSION OR DENIAL OF NON-U.S. CITIZEN' RETURN FORM

Failure to return this form within thirty (30) days may result in a final determination that you are ineligible and in removal your name from the voter registration system. If you are removed, you are no longer eligible to vote.

Under penalties of perjury, I swear or affirm that (check applicable statements):

I am not a U.S. citizen.

I am a U.S. citizen.

_____I do not request a hearing and am enclosing a copy of proof of U.S. citizenship.

I request a hearing and will provide proof of U.S. citizenship at the hearing.

I am currently seeking a records review or correction, or replacement copy of the documentation or record in support of my U.S. citizenship from

[Insert the name of the government agency]

I am the person referred to in the letter I received from you and request a copy of the document indicating that I may not be a U.S. citizen.

I am not the person referred to in the letter I received from you.

Voter's Name				
	Last Name	First	Middle	
Date of Birth				
	Month (MM)	Day (DD)	Year (YYYY)	
Florida Driver's License I	Number OR Florida ID Caro	d Number OR Last 4 of So	cial Security Number	
Contact Information (mailing address, phone number, or e-mail)				
(maning address, phone	number, or e-mail)			

SIGNATURE OF VOTER: DATE:

(It is a criminal offense to knowingly make a false statement in writing with the intent to mislead a public official in the performance of his or her official duty. s. 837.06, Fla. Stat.)

RETURN FORM TO: Supervisor of Elections for _____County

SOE's Address (mailing and physical address):

Phone number:

Fax number:

E-mail address:

Florida driver's license number/Florida identification card number and social security number are exempt from public disclosure under Florida's Public Records Law. The signature can be viewed but not copied.