

# CANDIDATE PETITION

**Notes:** - All information on this form becomes a public record upon receipt by the Supervisor of Elections.  
- It is a crime to knowingly sign more than one petition for a candidate. [Section 104.185, Florida Statutes]  
- If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.

I, \_\_\_\_\_ the undersigned, a registered voter  
(print name as it appears on your voter information card)

in said state and county, petition to have the name of \_\_\_\_\_  
placed on the Primary/General Election Ballot as a: [check/complete box, as applicable]

☐ Nonpartisan    ☐ No party affiliation    ☐ \_\_\_\_\_ Party    candidate for the office of \_\_\_\_\_  
(insert title of office and include district, circuit, group, seat number, if applicable)

<b>Date of Birth</b> or <b>Voter Registration Number</b> (MM/DD/YY)
--

<b>Address</b>
----------------

<b>City</b>
-------------

<b>County</b>
---------------

<b>State</b>
--------------

<b>Zip Code</b>
-----------------

<b>Signature of Voter</b>
---------------------------

<b>Date Signed (MM/DD/YY)</b> [to be completed by Voter]
---