

# 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)

**Date of Birth or Voter Registration Number**  
(MM/DD/YY)

**Address**

**City**

**County**

**State**

**Zip Code**

**Signature of Voter**

**Date Signed (MM/DD/YY)**  
[to be completed by Voter]