**CONSTITUTIONAL AMENDMENT INITIATIVE PETITION FORM – VOLUNTEER**

**Amendment Information**

**Ballot Title:** Human Life Protection Amendment

**Ballot Summary:** All human beings have a right to life regardless of age, illness, or disability when there is a detectable heartbeat.

---

**See separate document for the full text of the proposed constitutional amendment.**

<table>
<thead>
<tr>
<th>Date Approved</th>
<th>Serial Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/4/2019</td>
<td>1914</td>
</tr>
</tbody>
</table>

---

**Sponsor’s Information**

**Sponsor Name:** Protect Human Life Florida

**Sponsor Address:** 14260 West Newberry Rd, #420 Newberry, FL 32669

---

**Voter’s Information**

I am a registered voter of Florida and hereby petition the Secretary of State to place the above proposed amendment to the Florida Constitution on the ballot in the general election.

**Name - Last** __________________________ **First** __________________________ **Middle** __________________________

**Address** ___________________________________________________________________________________

**City** __________________________ **Zip** ______________ **County** __________________________

☐ Change the address on my voter registration record to the above address (check box, if applicable)

**Voter Registration Number** [ ] [ ] [ ] [ ] [ ] [ ] [ ] or **Date of Birth** [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**Voter’s Signature** __________________________________________ **Date** [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

---

**Petition Circulator’s Information**

---

**Attention**

- This form becomes a public record upon its filing with the Supervisor of Elections.
- It is a first degree misdemeanor to knowingly sign the same petition more than once. [§104.185, F.S.]
- Failure to complete the form as required may invalidate the form.

---