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.

Date Approved 11/04/2019 **Serial Number** 1914

Sponsor's Information

Sponsor's Name: Protect Human Life Florida

Sponsor's 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** M M / D D / Y Y Y Y

Voter's Signature **Date** M M / D D / Y Y Y Y

Petition Circulator's Information

This Petition form is only to be collected by a volunteer or directly by the voter him or herself.

A paid petition circulator must use the DS-DE 155B version of the form. Forms for paid petition circulators can be obtained from the Division's Paid Petition Circulator website.

Visit https://initiativepetitions.elections.myflorida.com/ for more 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.