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 11/4/2019 **Serial Number** 1914

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** MM / DD / YYYY

Voter's Signature _____ **Date** MM / DD / YYYY

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 Portal. Visit [insert URL] for more information.

Attention

- This form become 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.