

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 (Return all completed petition forms to the address below.)

Name: Protect Human Life Florida

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** _____

Update my voter registration record to this address. (check box)

Registration No. **or** **Date of Birth** / /

Signature _____ **Date Signed** / /

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://dos.elections.myflorida.com/InitiativePetitions/> for more information.

Attention

- This form becomes a public record once filed with the Supervisor of Elections.
- It is a first degree misdemeanor to knowingly sign the same petition more than once. [§104.185, F.S.]
- An improperly completed form will not be validated.