CONSTITUTIONAL AMENDMENT PETITION FORM

All information on this form, including your signature, becomes a public record upon receipt by the Supervisor of Elections.

Under Florida law, it is a first degree misdemeanor, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes, to knowingly sign more than one petition for a candidate, minor political party, or an issue. [Section 104.185, Florida Statutes]

If all requested information on this form is not completed, the form will not be valid.

It all requested information on this form is not completed, the to	orm will not be valid.			
YOUR NAME: (Please Print name as it A				
(Please Print name as it i	Appears on Your Voter I	Information Card)		
YOUR RESIDENTIAL STREET ADDRESS:				
CITY:	ZIP:	COUNTY:		
VOTER REGISTRATION NUMBER:	OR DAT	ATE OF BIRTH:I		
I am a registered voter of Florida and here amendment to the Florida Constitution on	, .	cretary of State to place the following propose eneral election:		
BALLOT TITLE: Florida Personhood BALLOT SUMMARY: This amendment defines all human beings function, condition of physical and/or men	s as persons under t	the constitution regardless of age, race, healt		
ARTICLE OR SECTION BEING CREATE FULL TEXT OF THE PROPOSED AMEN): The Creation of Article 1, Section 28		
SECTION 28. Person Defined				
age, race, health, function, condition ity, or method of reproduction, from human being. (b) This amendment shall take effect occurring after voter approval of this	n of physical and the beginning o t on the first day amendment.	y to all human beings, irrespective of d/or mental dependency and/or disabil of the biological development of that y of the next regular legislative session		
te of Signature Signature of Registered Voter				
Paid political advertisement paid for 7186 S US Highway 1, Po Return signed petition Paid Petition Circulator's Name:	rt St Lucie, FL 3495 s to this address			