

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

YOUR NAME: _____
(Please Print name as it Appears on Your Voter Information Card)

YOUR RESIDENTIAL STREET ADDRESS: _____

CITY: _____ ZIP: _____ COUNTY: _____

VOTER REGISTRATION NUMBER: _____ OR DATE OF BIRTH: ____ / ____ / ____

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

BALLOT TITLE: The Right to Life of All Persons Recognized and Protected
BALLOT SUMMARY:

The God-given right to life of every human being at any stage of development shall be recognized and protected.

ARTICLE OR SECTION BEING CREATED OR AMENDED: The Creation of Article 1, Section 28
FULL TEXT OF THE PROPOSED AMENDMENT:

SECTION 28. The Right to Life of All Persons Recognized and Protected

The God-given right to life of every human being at any stage of development shall be recognized and protected. This provision shall be deemed to supersede any other inconsistent provisions.

Date of Signature _____ X _____
Signature of Registered Voter

Paid political advertisement paid for and sponsored by: Personhood Florida PO Box 493000, Leesburg, FL 34749 Return Signed Petitions to this address. Paid Petition Circulator's Name: _____ Address: _____	For Official Use Only Serial Number: 13-06 Approval Date: 12/26/2013

E-Mail Address: _____