

## SANCTUARIES FOR LIFE PETITION FORM

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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Sanctuaries for Life Petition Form FULL TEXT:

I support designating the city, county, state, and nation I live in as sanctuaries for life where the God-given right to life of every human being at any stage of development shall be recognized and protected.

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Signature of Registered Voter

Paid political advertisement paid for and sponsored by: **Personhood Florida PAC**

**PO Box 493000, Leesburg, FL 34749**

Return Signed Petitions to this address.

E-Mail Address: \_\_\_\_\_

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