State of Delaware – Affidavit for Absentee Ballot – Public School Elections

Complete and sign this form

APPOQUINIMINK SCHOOL DISTRICT
MAY 12, 2015

Please print legibly

Full name: __________________________________________

Address: ______________________________________________
............................................................................
............................................................................
............................................................................

Date of birth: _______________________________________

Phone number: _____________________________________

Email: _____________________________________________

Mail my ballot to this address, not to the one above:
............................................................................
............................................................................
............................................................................

For Office use only

Ballot type: _________________________________________

Mail  In-person  ID: __________________________

Date affidavit mailed: _____________________________

Date affidavit returned: ___________________________

Voucher number: ________________________________

Date ballot mailed: _______________________________

Date ballot returned: _____________________________

Affirmation

I do solemnly swear or affirm, under penalty of perjury, that the information contained herein is true and correct in every particular and that I am unable to go to a polling place during the forthcoming election for the reason checked below:

☐ I am in the public service of the US or the State of Delaware, or a citizen of the US temporarily residing outside the territorial limits of the US and the District of Columbia, or such person’s spouse or dependent when residing with or accompanying the person, or am absent from this State because of illness or injury received while serving in the armed forces of the US.

☐ I am in the armed forces of the US, the Merchant Marine of the US, attached to and serving with the armed forces of the US in the American Red Cross or United Service Organizations.

☐ Due to the nature of my business or occupation, including the business or occupation of providing care to my parent, spouse, or child who is living at home and requires constant care due to illness, disability, or injury.

☐ I am sick or physically disabled.

☐ I am absent from the district while on vacation.

☐ I am unable to vote at a certain time or on a certain day due to the tenets or teachings of my religion.

I further swear or affirm, under penalty of perjury, that:

1. I am a citizen of the United States,
2. I am a resident and citizen of the State of Delaware,
3. I am 18 years old or older,
4. I reside within the geographic boundaries of the school district, and
5. I will not vote or attempt to vote at a polling place on the day of the election.

My expected location on Election Day: ________________________________

My Election Day phone number: ________________________________

Signature: _______________________________________________________

Date: __________________________________________________________________
How to get an absentee ballot.

1. Fill in the top part of the left column. Give us your phone and email address if we need to contact you.

2. Pick the reason you are voting by absentee ballot.

3. Fill in where you will be and your phone number on Election Day.

4. Sign and date the form.

5. Send us the form by mail, FAX or email.

Our address is:  
Attn: Absentee Voting  
Department of Elections for New Castle County  
820 N French St STE 400  
Wilmington DE 19801-3531

Our email address is: absentee@state.de.us

6. The Department will mail your ballot when it is ready.

7. You can vote an absentee ballot in our office between 8:30 a.m. and 4 p.m. on business days. The last time you can vote in our office is 12 Noon the day before the election.

8. Call or email us if you need help.