

**CHRISTINA SCHOOL DISTRICT  
REFERENDUM – NOVEMBER 6, 2007  
AFFIDAVIT FOR ABSENTEE BALLOT FOR PUBLIC SCHOOL ELECTIONS**

**PERSONAL INFORMATION**  
(PRINT OR TYPE)

NAME: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

**PRINT YOUR PERMANENT DELAWARE ADDRESS BELOW:**

APT. COMPLEX  
OR DEVELOPMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ ZIP: \_\_\_\_\_

**NOTICE**

IF YOU WANT YOUR BALLOT MAILED TO AN ADDRESS OTHER THAN YOUR PERMANENT DELAWARE ADDRESS, COMPLETE THE FOLLOWING:

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY/TOWN STATE ZIP

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**FOR DEPARTMENT OF ELECTIONS USE ONLY**

NOMINATING/VOTING DISTRICT: \_\_\_\_\_

AFFIDAVIT REQUESTED: \_\_\_\_\_

AFFIDAVIT MAILED: \_\_\_\_\_

AFFIDAVIT RETURNED: \_\_\_\_\_

BALLOT MAILED: \_\_\_\_\_

VOTED IN PERSON: \_\_\_\_\_

BALLOT RETURNED: \_\_\_\_\_

VOUCHER #: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AFFIDAVIT OF VOTER ELIGIBILITY**

I, \_\_\_\_\_,  
(PRINT OR TYPE YOUR NAME)

DO SOLEMNLY SWEAR (OR AFFIRM) 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 geographical boundaries of the school district, and
5. I will not vote or attempt to vote at any school district polling place on the day of the election.

I FURTHER SOLEMNLY SWEAR (OR AFFIRM) THAT I AM UNABLE TO GO TO A SCHOOL DISTRICT POLLING PLACE ON THE DAY OF THE ELECTION BECAUSE:

(↓ CHECK THE APPLICABLE BOX BELOW ↓)

- A. I am temporarily or permanently physically disabled.
- B. I am in the public service of the U. S. or the State of Delaware.
- C. I am a qualified citizen or spouse or dependent residing with or accompanying a person who is in the service of the U. S. or the State of Delaware.
- D. Of the nature of my business or occupation.
- E. I am sick.
- F. I am incarcerated.
- G. Of the tenets or teachings of my religion.
- H. I am absent from the district while on vacation.
- I. I am temporarily residing outside of the U. S. and the District of Columbia.
- J. Of illness or injury received while serving in the Armed Forces of the U. S.
- K. I am a member of the U. S. Armed Forces.
- L. I am a member of the American Red Cross or U. S. O.
- M. I am a member of the U. S. Merchant Marine.

I DO SOLEMNLY SWEAR (OR AFFIRM) UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE.

\_\_\_\_\_  
SIGNATURE OF VOTER

\_\_\_\_\_  
DATE

◆ ◆ ◆ ◆ INSTRUCTIONS ON REVERSE ◆ ◆ ◆ ◆

STATE OF DELAWARE  
DEPARTMENT OF ELECTIONS FOR NEW CASTLE COUNTY  
CARVEL STATE OFFICE BUILDING  
820 N. FRENCH STREET  
WILMINGTON, DE 19801-3531

TELEPHONE: (302) 577-3464  
FAX: (302) 577-6545

## INSTRUCTIONS

### *Affidavit for Absentee Ballot for Public School Elections*

1. Complete the *Personal Information* section:
  - a. Print your complete name.
  - b. Enter your birth date.
  - c. Print the address of your place of permanent residence in Delaware.
  - d. If you want your ballot mailed to an address other than the address of your permanent place of residence in Delaware, print that address in the space provided.
2. Complete the *Affidavit of Voter Eligibility* Section:
  - a. Print your full name in the space provided.
  - b. Check the box to the left of the reason that you are voting by absentee ballot.
  - c. Sign and date the affidavit in the space provided.
3. Return the completed *Affidavit for Absentee Ballot for Public School Elections* in person or by mail to:

Department of Elections for New Castle County  
Attn: Absentee Voting  
820 N. French Street  
Wilmington, DE 19801
4. The Department will mail the absentee ballot to you as soon as the ballots have been printed.
5. Once ballots are available, you may also vote by Absentee Ballot, if eligible, at the Department of Elections between 8:30 a.m. and 4:00 p.m. on normal business days.
6. Contact the Department of Elections at 577-3464 if you have any questions.