

Complete and sign this form

COLONIAL SCHOOL DISTRICT

February 28, 2017

Please print legibly

Full name: _____

Address: _____

Date of birth: _____

Phone number: _____

Email: _____

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: _____

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: _____



STATE OF DELAWARE
DEPARTMENT OF ELECTIONS

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, New Castle County Office
820 N French St STE 400
Wilmington DE 19801-3531

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

Our FAX number is: 1-302-577-6545

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.

[HTTPS://IVOTE.DE.GOV](https://ivote.de.gov)

STATE ELECTION COMMISSIONER
905 S GOVERNORS AVE STE 170
DOVER DE 19904
PHONE: (302) 739-4277

NEW CASTLE COUNTY OFFICE
CARVEL STATE OFFICE BLDG
820 N FRENCH ST STE 400
WILMINGTON DE 19801
PHONE: (302) 577-3464

KENT COUNTY OFFICE
100 ENTERPRISE PL STE 5
DOVER DE 19904
PHONE: (302) 739-4498

SUSSEX COUNTY OFFICE
119 N RACE ST
PO BOX 457
GEORGETOWN DE 19947
PHONE: (302) 856-5367

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