State of Delaware - Affidavit for Absentee Ballot - General or Special Election

Complete Column "1" and then complete Section "A" or "B" as appropriate.

Column "1"

Please print legibly.

Full Name: _____

Address of your home in Delaware:

_____

_____

Date of Birth: _____

SSN (optional): _____

Political Party Affiliation: _____

Telephone Number: _____

Email Address: _____

Mailing address for ballot if it is different than above:

_____

_____

_____

I request a ballot for the following elections:

❑ Primary ❑ General ❑ Special ❑ All elections

NOTE: Public School Elections require a different affidavit.

FOR OFFICE USE ONLY

ED: _____ RD: _____ Style: _____

Mail ❑ In Person ❑ ID:_____ Party:_____

Date Affidavit Returned: _____

Voucher Number: _____

Date Ballot Mailed: _____

Section "A"

This section **does not** have to be notarized.

Complete this section if you cannot go to your polling place for one of the reasons listed below.

I do solemnly swear or affirm, under penalty of perjury, that I cannot go to my polling place on Election Day for the reason marked below and that the information herein is true.

❑ **Check the box to the left AND the reason below if you want to be a permanent absentee voter.**

Check the appropriate box below:

❑ I am sick, or temporarily or permanently physically disabled. Send my ballot to me by:

❑ mail, ❑ fax, **or** ❑ email

❑ My business or occupation is providing care to my parent, spouse or child who is living at home and requires constant care.

❑ I am in public service of the U.S. or the State of Delaware.

❑ I am a spouse or dependent residing with or accompanying a person temporarily residing outside the territorial limits of the United States and the District of Columbia.

My expected location on Election Day is:

_____

Election Day phone number: _____

Date: _____

Voter Signature: _____

Section "B"

This section **must** be notarized.

Complete this section if you cannot go to your polling place for one of the reasons listed below.

I do solemnly swear or affirm, under penalty of perjury, that I am unable to go to my polling place on Election Day for the reason marked below and that the information herein is true.

Check the appropriate box below:

❑ Due to the nature of my business or occupation (to include students).

❑ I am incarcerated.

❑ I am absent from the district while on vacation.

❑ Due to the tenets or teachings of my religion.

My expected location on Election Day is:

_____

Election Day phone number: _____

Voter Signature: _____

Subscribed and sworn to before me this _____

Day of _____

Notary: __ _____

SOCIAL SECURITY NUMBER DISCLOSURE STATEMENT

Disclosure of your social security number is requested so that each individual who is registered to vote is identifiable in an accurate and efficient manner. This disclosure is requested pursuant to 15 Del. C. Section 5503 and 5 U.S.C.A Section 552(a) note (Section 7 of the Privacy Act of 1074). The disclosure of your social security number is voluntary. If you choose not to disclose your social security number, you will be assigned a nine (9) digit identifying number during the processing of your registration.

Your social security number is used as necessary for administrative purposes relating to voting, including to identify you as a registered voter, to insure no individual is registered in more than one place, to verify address, voting districts, and other information and may be used for any other lawful purpose. The registration application containing your social security number will become part of the registration records of your county.

ELECTION MATERIAL
PROCESS IMMEDIATELY

PLACE
STAMP
HERE

DEPARTMENT OF ELECTIONS FOR SUSSEX COUNTY
119 N RACE ST
PO BOX 457
GEORGETOWN DE 19947-0457