



Affidavit for a candidate to change his/her Political Party Affiliation

All signatures on the Form must be notarized. Parties must submit this completed form and the Certificate of Nomination for Statewide Offices to the Office of the State Election Commissioner and all other offices to the County office of the Department of Elections where the candidate resides. The information on this form is Public Information under the provisions of the Freedom of Information Act.

Affidavit by State and County Party Chairs

_____ has asked or agreed to be a candidate for the office of _____ District _____ for the _____ Party in the _____ General Election. We hereby declare that we want him/her to be a candidate for the above stated office representing our party.

State Chair certification

County Chair certification

Full Name

Full Name

Signature

Signature

Subscribed and sworn before me this _____ day
of _____ 20 _____

Subscribed and sworn before me this _____ day
of _____ 20 _____

Notary

Notary

My commission expires _____

My commission expires _____

Affidavit by the candidate

Pursuant to Del Code Title 15 § 2049 (c), I, _____, hereby request to change my political party affiliation to _____ in order to run as their candidate for the office of _____ District _____ in the _____ General Election.

Signature

Subscribed and sworn before me this _____ day of _____ 20 _____.

My commission expires _____.

Notary