



STATE OF DELAWARE
WRITE IN CANDIDATE DECLARATION

Date _____

I, _____, residing at the following address
Please type of print your correct and proper name

House # Street City Zip Code

Mailing address if different from home address

hereby files as a Write In Candidate for the Office:

_____ District # _____

Sign your correct and proper name Telephone number

Date of Birth _____

E-mail Address (Optional) Web Page Address (Optional)

Form must be notarized if it is not completed in the office. Candidates for Statewide Offices are to file at the State Election Commissioner's Office, and all other candidates should file at the respective Department of Elections Office for their county. Candidate Filing Forms are considered Public Information under the Freedom of Information Act.

For Office Use Only
Date Received _____
Received by _____

Notary Information
Subscribed and sworn to before me on the following date:
Notary Public Signature
Date