

Complete and sign this form

**BRANDYWINE SCHOOL DISTRICT**

**May 17, 2016**

Please print legibly

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of birth: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

**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: \_\_\_\_\_

**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:** \_\_\_\_\_



STATE OF DELAWARE  
DEPARTMENT OF ELECTIONS

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*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](mailto:absentee@state.de.us)

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.

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[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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