

Ballot Request

powered by



You have not requested your ballot until you sign, stamp, and mail your completed form!

INSTRUCTIONS

Take these easy steps to complete your ballot request:

1. Review the information on your form carefully. Make sure all fields are filled out and accurate.
2. Sign and date your form. **You must sign** the request form before you mail it.
3. Place your form in an envelope and hand address it to your local election official.
4. Stamp it. Place a first class stamp on your envelope or folded mailer.
5. Mail it! Put your request application in the mail.
6. Vote! Once you receive your ballot, read the instructions carefully, fill out the ballot and return ASAP!

**SUBMIT YOUR COMPLETED,
SIGNED FORM TO:**

Request Deadline:

Reminders for your state:

Request for Vote by Mail Ballot

Please review **INSTRUCTIONS FOR COMPLETING AND RETURNING A MAIL BALLOT** on the reverse side, and then in the sections below, complete the Voter Information Section, choose the elections for which you want a ballot, read the affirmation, date and sign this application, and then return it to the Department of Elections.

Voter Information Last Name: _____ First Name: _____ MI: _____ Suffix: _____

Birth Date (MM/DD/YYYY): _____ Political Party Affiliation _____

House # and Street _____ City _____ Zip Code _____

Phone # _____ Last 4 Digits of Social Security Number (OPTIONAL — See Reverse): _____

Email Address: _____

(OPTIONAL — used to update you with the status of your application and ballot, and to electronically deliver your ballot to if you are sick or disabled.)

Address where you want your ballot sent (only if different than above):

PLEASE NOTE: If you do not wish to request a Vote by Mail ballot, you may vote at your usual polling place on Election Day.

SELECT THE ELECTION(S) FOR WHICH YOU ARE REQUESTING A VOTE BY MAIL BALLOT

- ☐ Primary Election (9/15/2020)
☐ General Election (11/3/2020)
☐ Any Special Election occurring before 1/21/2021
☐ All of the above elections

NOTE: If no choice is made, you will be sent a ballot for all elections in which you are eligible to vote.

THIS SECTION IS FOR SICK OR PHYSICALLY DISABLED VOTERS

If you are a voter who is sick or physically disabled, Delaware law* permits you to receive *and* return an absentee ballot electronically. If you choose to receive your ballot by email, you will be able to mark and submit it electronically. If you are sick or physically disabled, check here: ☐ and indicate below how you would like your absentee ballot sent to you by the Department of Elections:

☐ Mail ☐ Fax or ☐ Email

Email _____

Fax # _____

* 15 Del. C. § 5502(4), 5503(l) & 5525

I solemnly swear or affirm, under penalty of perjury, that I am eligible to vote in the Election(s) for which I have requested a Vote By Mail Ballot, that I personally have completed this request form, and that all information I have provided on this form is true and accurate.

Signature _____

Date (MM/DD/YYYY) _____

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. Section 552a note (Section 7 of the Privacy Act of 1974, Public Law 93-579). 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.

INSTRUCTIONS FOR COMPLETING AND RETURNING A MAIL BALLOT

Please review instructions on the reverse side and then complete the Voter Information Section, choose the elections for which you want a ballot, read the affirmation, and then date and sign the form.

You can also complete and submit this form via the Voter Portal at: <https://ivote.de.gov>.

Email, FAX, or mail the completed application to the Department of Elections' Office in the County where you live so that it is **received no later than 4 days** before the day of the election. This application is valid for the elections indicated on the front of the form.

COUNTY ELECTIONS OFFICES - CONTACT INFORMATION

Kent County

Department of Elections - Kent County Office
PO Box 699
DOVER DE 19903-0699

Phone: (302) 739-4498

FAX: (302) 739-4515

email: votebymailkc@delaware.gov

Web Page: <https://electionskc.delaware.gov>

Facebook: <https://de.gov/votekcfb>

New Castle County

Department of Elections - New Castle County Office
PO Box 7079
WILMINGTON DE 19803-0079

Phone: (302) 577-3464

FAX: (302) 577-6545

email: votebymailncc@delaware.gov

Web Page: <https://electionsncc.delaware.gov>

Facebook: <https://de.gov/votenccfb>

Sussex County

Department of Elections - Sussex County Office
PO Box 457
GEORGETOWN DE 19947-0457

Phone: (302) 856-5367

FAX: (302) 856-5082

email: votebymailsc@delaware.gov

Web Page: <https://electionssc.delaware.gov>

Facebook: <https://de.gov/votescfb>