

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

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

Column "I"

PLEASE PRINT LEGIBLY

Full Name: _____

Address of your home in Delaware: _____

Date of Birth: _____

SSN(optional): _____

Political Party
Affiliation: _____

Telephone Number: _____

Email Address: _____

Address to which ballot is to be mailed if it is different
than the Delaware address written above:

I request a ballot for the following elections:

☐ Primary ☐ General ☐ Special ☐ All elections

NOTE: Public School Elections require a different affidavit.

BELOW IS 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 are temporarily or
permanently physically disabled or if you cannot go to
your polling place because of one of the other reasons
listed below.

I do solemnly swear or affirm, under penalty of perjury,
that I am unable to go to my regular polling place
during the forthcoming election(s) for the reason
checked below and that the information contained
herein is true.

Check the appropriate box below:

- ☐ I am sick, or temporarily or permanently physically
disabled.
- ☐ 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.

Signature of voter: _____

My expected location on election day is:

Telephone number at my expected location on Election
Day: _____

Date: _____

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 regular polling place
during the forthcoming election(s) for the reason
checked below and that the information contained
herein is true.

Check the appropriate box below:

- ☐ Due to the nature of my business or occupation (this
includes students).
- ☐ I am incarcerated.
- ☐ I am absent from the district while on vacation.
- ☐ Due to the tenets or teachings of my religion.

Signature of voter: _____

My expected location on Election Day is:

Telephone number at my expected location on Election
Day: _____

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