State of Delaware - Affidavit for Absentee Ballot - Primary or Presidential Primary Election Only

Complete Column "1" and then complete Section "A" or "B" as appropriate.

**Column "1"**

PLEASE PRINT LEGIBLY

Full Name: ___________________________________
Address of your home in Delaware: ___________________________________
_____________________________________________
Date of Birth: _________________________________
SSN (optional):________________________________
Telephone Number:_____________________________
Email Address :________________________________

I request a ballot for the following elections:
☐ Primary  ☐ Presidential Primary  ☐ All elections

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

NOTE: Public School Elections require a different affidavit.

BELOW IS FOR OFFICE USE ONLY

ED: __________ RD: ___________ Style: __________
Mail ☐  In Person ☐  Party ___________
Date Affidavit Returned: ________________________
Voucher Number: ______________________________
Date Ballot Mailed: ____________________________
Date Ballot Returned: ___________________________

**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 the public service of the U. S. or the State of Delaware.
☐ I am temporarily residing outside of the U. S. and the District of Columbia.
☐ I am absent from the state because of illness or injury received while serving in the armed forces of the U.S.
☐ I am a member of the U. S. Armed Forces, the American Red Cross, the U. S. O. or the U. S. Merchant Marine.
☐ 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):
_____________________________________________

**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.

My expected location on election day is:
_____________________________________________
_____________________________________________
Signature of voter:______________________________
Telephone Number (at my expected location on Election Day):
_____________________________________________
Subscribed and sworn to before me this ____________
Day of ____________
NOTARY: ________________________________